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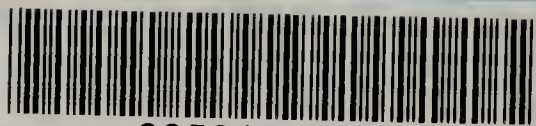
The Corporation
of
The City of Cape Town



ANNUAL REPORT
of the
Medical Officer of Health
1956



ReB/9ad



22501416866



City of Cape Town. - Stad Kaapstad.

With the Compliments of the Medical Officer of Health.

Met die komplimente van die Mediese Gesondheidsbeampte.

CITY OF CAPE TOWN.

Principal vital statistics for 1957.

Population.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
All races	251,240	266,270	517,510
White	92,303	101,777	194,080
Non-white	158,937	164,493	323,430
Coloured	127,689	145,891	273,580
Native	26,657	15,483	42,140
Asiatic	4,591	3,119	7,710

Average population of Langa Native Township.

<u>White</u>		<u>Native</u>		<u>Total</u>
<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
18	20	19,532	3,553	23,123

Births.

	<u>Total live births</u>		<u>Corrected births</u>		<u>Birth rate</u>
	<u>Male</u>	<u>Female.</u>	<u>Male</u>	<u>Female</u>	
All races	9,139	8,799	7,828	7,576	29.8
White	2,527	2,285	1,877	1,618	18.4
Non-white	6,607	6,510	5,946	5,874	36.5
Coloured	5,590	5,584	5,093	5,097	37.3
Native	830	761	672	602	30.2
Asiatic	187	165	181	163	44.6

Still Births.

	<u>Crude.</u>	<u>Corrected</u>	<u>Still birth rate</u>
All races	483	393	24.9
White	69	52	14.3
Non-white	414	341	28.0
Coloured	314	264	25.2
Native	91	68	50.7
Asiatic	9	9	25.5

Illegitimate Births.

	<u>Crude</u>	<u>Corrected</u>	<u>Percentage</u>
All races	3,748	3,056	19.8
White	220	128	3.6
Non-white	3,518	2,918	24.7
Coloured	2,983	2,497	24.5
Native	533	419	32.9
Asiatic	2	2	0.6

Births in Institutions.

Live Births

Still Births

	<u>Crude</u>	<u>Corrected</u>		<u>Crude</u>	<u>Corrected</u>
		<u>No.</u> <u>%</u>			<u>No.</u> <u>%</u>
All races	10,373	7,848 51		317	227 58
White	4,233	2,971 83		62	45 87
Non-white	6,140	4,877 41		255	182 53
Coloured	4,588	3,640 36		186	159 60
Native	1,503	1,191 94		69	23 34
Asiatic	49	46 13		-	-

Deaths.

	<u>Crude</u>		<u>Corrected</u>		<u>Death rate</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
All races	3,547	2,809	2,937	2,434	10.38
White	1,273	1,048	1,038	896	9.96
Non-white	2,269	1,757	1,894	1,534	10.60
Coloured	1,774	1,465	1,505	1,295	10.23
Native	445	279	344	227	13.55
Asiatic	50	13	45	12	7.39

Principal Causes of Mortality.

White

Non-White.

	<u>No.</u>	<u>Rate</u>		<u>No.</u>	<u>Rate</u>
Cardiovascular	670	3.5	Cardiovascular	604	1.9
Neoplasms	338	1.7	Diarrhoea	560	1.7
Arterial	330	1.7	Bronchitis and		
Violent	102	0.5	pneumonia	333	1.0
Bronchitis and			Infancy	317	1.0
pneumonia	63	0.3	Arterial	315	1.0
Infancy	47	0.2	Tuberculosis	279	0.9
Nephritis	32	0.2	Violent	210	0.7
Senility	31	0.2	Neoplasms	201	0.6
Tuberculosis	29	0.2	Measles	30	0.1

Age at Death.

	<u>0-1.</u>	<u>1-5.</u>	<u>5-25.</u>	<u>25-65.</u>	<u>65+</u>
All races	1221	426	239	1774	1712
White	84	24	44	685	1087
Non-white	1127	402	195	1079	625
Coloured	832	320	166	894	588
Native	276	81	29	162	23
Asiatic	19	1	-	23	14

Infant Mortality.

	<u>Neonatal</u>	<u>Post neonatal</u>	<u>Total</u>	
			<u>Deaths</u>	<u>Rate</u>
All races*	467	754	1,221	79
White	55	29	84	24
Non-white	402	725	1,127	95
Coloured	324	508	832	82
Native	67	209	276	217
Asiatic	11	8	19	55

* Including 10 of unknown race.

Principal Causes of Infant Mortality.

	<u>White</u>		<u>Non-White</u>	
	<u>No.</u>	<u>Rate.</u>	<u>No.</u>	<u>Rate.</u>
Diarrhoea	5	1.4	415	35.1
Bronchitis and pneumonia	7	2.0	178	15.1
Immaturity	22	6.2	172	14.6
Birth injury	10	2.8	67	5.7
Cong. malformation	13	3.6	40	3.4
Tuberculosis	-	-	32	2.7

Maternal Mortality.

	<u>No.</u>	<u>Rate.</u>
All races	25	1.6
White	1	0.3
Non-white	24	2.0

Infectious Diseases Notified.

	<u>Total</u>	<u>White</u>	<u>Non-White</u>
Tuberculosis, pulmonary	1,890	184	1,706
Tuberculosis, other	175	12	163
Enteric	71	9	62
Diphtheria	74	21	53
Scarlet fever	82	-	82
Poliomyelitis	271	86	185
Whooping cough	352	51	301
Cerebrospinal fever	31	6	25
Erysipelas	11	6	5
Encephalitis	9	1	8
Puerperal fever	4	-	4
Leprosy	2	-	2
Ophthalmia neon.	362	12	350

Child Welfare.

	<u>New cases.</u>	<u>Total.</u>
Attendances at infant consultations	13,890	169,318
Attendances at pre-natal clinics	8,129	32,871
Attendances at school clinics	4,994	16,258
Attendances at post-natal clinics	813	3,564
Attendances at orthopaedic clinics		6,696
Attendances at day nurseries	174	43,025
Diphtheria immunization		21,943
Visits by health visitors		145,128

Dental Clinics.

Sessions	3,019
New cases	23,837
Total attendances	50,175

Tuberculosis Clinics.

New cases	11,681
Total attendances	50,126

Venereal Disease Clinics.

New cases	3,464
Total attendances	12,593

Sanitary Administration.

Visits by health inspectors	138,338
Visits by ratcatchers	72,901
Rodents caught	8,269
Notices served	4,987
Foodstuffs analysed	706
Legal proceedings	46
Attendances at washhouses	52,100
Attendances at shower baths	28,132

Dwellings completed	1,704
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Daily average of patients in City Hospital	379.2
Daily average of patients in Brooklyn Chest Hospital	282.8
Daily average of patients in Langa Hospital	22.1

The Corporation
of
The City of Cape Town



ANNUAL REPORT
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Medical Officer of Health
1956

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1956.

TO HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen,

I have the honour to present my report on the health conditions of the City of Cape Town for the year 1956, together with an account of the work carried out by the City Health Department during the year.

In common with other local authorities in the Union this report now covers a period of a calendar year, but all statistics are comparable with previous years.

Vital Statistics.

The population of the city estimated as at 30th June, 1956, the middle of the year, was 501,520 (192,850 Europeans and 308,670 non-Europeans). This is calculated from previous census figures. Even though the growth of the population is due mainly to movement of persons, the rate of natural increase remains stable, with the advantage slowly swinging in favour of the non-Europeans.

The density of the population is at present 9 persons per acre. Although the number of persons in each ward is not easy to assess with accuracy, a very good idea of the distribution and density of occupation of each of the wards is obtained from figures given for the first time in the statistical section of this report, where it is seen that although Sea Point has always been regarded as a very thickly populated area, the standard of living in ward 6 (Castle) with twice the density must be extremely squalid. If a study of these figures is to be made, the mountainous terrain in certain areas should be borne in mind.

Births.

According to the returns of the local Registrar of Births and Deaths, 3,587 European and 10,580 non-European live births were registered as belonging to the Municipality during the year under review. This is equal to a birth rate of 18·6 for Europeans and 34·3 for non-Europeans.

The European birth rate was 6 per cent. higher than the previous year, and interrupts the steady decline of the past three years. The non-European rate continued its decline with a decrease of 7 per cent.

The number of confinements of non-residents has increased in the case of both Europeans and non-Europeans.

The preponderance of male over female births of the last three years was broken this year in the case of Europeans, but maintained in non-Europeans.

After last year's decline, illegitimacy increased in both Europeans and non-Europeans, but in the case of the latter, the records reveal that the position is no worse than usual.

A decline in the number of still births among Europeans has to be recorded, while the position amongst the non-Europeans remains relatively static.

53 per cent. of all live city births occurred in institutions (Europeans 83 per cent., non-Europeans 43 per cent.) which is an increase on the previous year.

Deaths.

The total number of deaths registered as belonging to the Municipality was 1,930 Europeans and 3,191 non-Europeans, equivalent to death rates of 10·0 for Europeans, 10·3 for non-Europeans and 10·2 for all races. The inclusion of inward transfer deaths this year has affected the rates slightly, but even so there has been a rise of 9 per cent. in the European rate. The non-European rate continued in decline to establish a new low record.

Diseases of the cardio vascular system are the principal causes of death in Europeans and have increased in number since last year. Among non-Europeans the very high mortality from gastro-enteritis, still the major cause of death in this group, shows a slight reduction. Heart diseases have increased in number, as have diseases peculiar to early infancy, but deaths from tuberculosis continue to diminish.

It is disquieting that for every European child under five years of age who dies, nine non-Europeans of similar age die. Extending the age group to 25 years of age, the ratio is one to seven. Reference to the statistical section of this report will show how the expectation of life in Cape Town has changed for the better during the past 30 years.

Information not revealed in the main classification of causes of death has been compiled relating to death from accidents in the home. Accidental falls in the European aged and burns or scalds among non-

Europeans are the main causes of death in these groups. Occupation at time of death has also been classified.

Infant Mortality.

It is disappointing to have to report that despite the continued activity of the department in general child welfare work the infant mortality rates for both races show a slight increase. Prematurity was the principal cause of death in the European racial group and as its cause is as yet not completely understood preventive measures cannot be applied. It was second in importance in the non-European group to gastro-enteritis, which fortunately this year shows a slight decrease.

There is little doubt that these still most unsatisfactory figures are occasioned by the poor socio-economic circumstances under which the non-Europeans continue to live. Overcrowding, poor general hygiene, poor general nutrition, the high incidence of illegitimacy and the fact that many mothers of this racial group have to work, play a not inconsiderable part in these unsatisfactory statistics. It is not without significance that the incidence and deaths at Windermere from gastro-enteritis are higher than any other area of the city.

The perinatal death rate (the number of still births plus deaths within the first 7 days of life) per 1,000 total births shows a marked increase for the non-Europeans and is the highest rate at 62 per 1,000 since 1950-51. As this rate is influenced by factors related to both mother and child, included in which are abnormalities and toxæmias of pregnancy as well as prematurity and birth injuries, its cause might well be sought from the obstetrical aspect.

Infectious Diseases.

The incidence of diphtheria during the year declined substantially, with European cases the lowest on record and non-European cases well below average. The unexpected and most disappointing increase during the previous year can now be viewed as transient, but indicates that any slackening in the department's perseverance with diphtheria immunization could result in serious consequences. There were four deaths this year as compared with nine in the previous year. None of these had been actively immunized against the disease.

Attention is also drawn to the unusually large number of carriers discovered.

The diphtheria immunization programme continued at the increased tempo instituted last year.

Fewer cases of enteric fever occurred this year and there were no deaths. Seven cases occurred in one dwelling with no municipal water supply and it is very probable that polluted river water in the close vicinity had been used for domestic purposes.

Notwithstanding this decrease, far too many cases of enteric fever occur in this city. Most of them occur in slum-like buildings located in sewered areas, so the only explanation for their continuance is the presence of carriers in such overcrowded dwellings. Diligent checking of contacts for the carrier state has been most unrewarding. By far the majority of the year's cases occurred in Wards 8 and 10.

I have to comment briefly on the high incidence of poliomyelitis which affected the city during 1956. For the first time on record over a hundred cases of this disease (127 notifications) were reported. Many of these were notified over the winter months, a fact which was particularly significant in indicating that the virus was well established and widely disseminated, and an indication that an epidemic was more than a distinct possibility. This supposition was unfortunately only too soon fully realized.

A further interesting side light was that the usually very much higher incidence of this disease amongst the Europeans had been completely reversed. The ratio of non-European to European cases in this outbreak was as 2 is to 1 (88 non-Europeans to 39 Europeans). In addition 69 per cent. of the morbidity occurred in children under the age of three years, and if the five and under are included, the percentage rose to 85. Type I was, on the limited typing carried out, shown to be the predominant virus.

A programme of inoculation was instituted to the extent of the available vaccine.

The continued decline in the incidence of scarlet fever brings the 99 cases for 1956 to the lowest figure since 1939. Many of these cases were very mild, the rash being evanescent and complications conspicuous by their absence.

Mention must also be made of the remarkable drop in the number of deaths from measles. The previous record of measles deaths reveals irregular cycles of low and high mortality from this disease, and while it is hoped that the present satisfactory state of affairs will continue, the previous records would suggest a resurgence of mortality.

Although this report deals with the year 1956, it is of more than interest to make reference to the appearance once again of smallpox at the end of 1955. Owing to the alteration of the period on which these reports are based, this outbreak has not been reported until now. The danger of the unvaccinated is very well brought out in the report of this outbreak on page 38. The other noteworthy feature was the fact that notwithstanding much movement on the part of the cases, the disease was remarkably well limited.

Tuberculosis.

The slight improvement in notifications of tuberculosis is disappointing in view of the expenditure and effort directed to anti-tuberculosis work. It is astonishing that so many persons, particularly men with advanced disease, remain undiagnosed, and, together with those unfortunates, the unresolved treated cases disseminate the disease to the extent of some 2,000 new cases in the city each year.

Sub-division of the new cases according to age indicates the impact that tuberculosis must have on industry, when it is shown that 38 per cent. of the total cases in the non-European male group fell into the age group 25-45.

The decrease of over 30 per cent. in deaths from tuberculosis can be viewed with satisfaction. Less satisfactory is the fact that over 25 per cent. of the non-European pulmonary cases occurred in the migratory African section of the population (526 out of 1,924).

The high proportion of new cases shown to be attending the clinics is a measure of the public esteem which the anti-tuberculosis service has earned, and a sound foundation for further expansion when the opportunity arises.

Venereal Disease.

During the year a further decrease occurred in the number of new cases registered at the municipal treatment centres, the decline occurring in both syphilis and gonorrhea. Total attendances also dropped,

but this was to be expected in view of modern therapy practised at the clinics. The true incidence rate, excluding non-venereal cases, was slightly less than last year. The disease is not notifiable in this country, and there is no record of cases treated elsewhere than at the municipal treatment centres.

City Hospitals for Infectious Diseases.

There was a decrease of 8·2 per cent. in the number of patients admitted to the city hospitals, and the total number of bed-days decreased by 4·5 per cent.

During the year 2,419 patients were treated at the City Hospital, Portswood Road, with a daily average of 394 beds occupied. There was a general reduction in admissions and most of the infectious diseases were involved, but three times as many poliomyelitis cases as in the previous year were admitted.

Late in the year the influx of poliomyelitis cases, combined with shortage of staff, caused considerable strain on the resources of the hospital, particularly as normally the service facilities, with the exception of the dispensary, are already overtaxed.

At Brooklyn Chest Hospital the number of patients treated was 598 and the average daily number of beds occupied was 278.

Work has begun on extensions to the non-European nurses' home to enable all the nurses to be housed in one building.

The general hospital at the Langa Native Township, which is administered by the department, admitted more patients and secured substantially increased numbers of out-patients during the year. Home visits by the hospital staff continued. There was a prolonged shortage of medical staff during the year.

Child Welfare.

The new E. G. Nyman Clinic at Maitland was opened by his Worship the Mayor on 3rd December, 1956. Combining child welfare and dental clinics, the new centre replaces a dwelling house, used as a clinic for the past 30 years, and serves the Maitland area and certain portions of Salt River.

A very inadequate cottage used as a clinic in 6th Avenue, Kensington, was also replaced by a fine new child welfare centre opened in July, 1955.

Attendances at the municipal child welfare centres increased considerably compared with the previous year, and the modernization of several of the clinics either already accomplished or projected is certainly well merited.

A limited programme of polio immunization was carried out among children under 12 years of age, but the response of parents applying for the service was indifferent.

Housing.

The housing position has further improved during the year in that 741 houses for non-Europeans were erected by the Council at Athlone, 48 houses for Europeans at Brooklyn, and the Langa Native Township was extended by a further 390 hostel units. The Citizens Housing League and Servitas Organization have also continued their building activities, while the Cape Flats Distress Association (CAFDA) erected their first group of sub-economic dwellings.

This achievement is all the more commendable in that, though much valuable research in respect of Native housing has been undertaken with reference to climatic conditions in the Northern Provinces, the same attention has not been given to the needs of the Western Province, where a superior type of building involving higher costs is the only answer to local weather conditions. Notwithstanding this, the National Housing Commission has continued to limit the cost of each dwelling, based on cost formulas in the Transvaal.

Milk.

The improvement predicted last year in the pasteurization of milk has materialised. The department's efforts, together with the co-operation of the industry, have brought the scheme to fruition and it is now working at full efficiency. It only remains for the vigilance of the department to maintain this happy state of affairs in the milk supply of the city.

Dental Branch.

The work of this branch of the department continued unabated, with the tendency towards development in the suburbs. It is an interesting and sad commentary that while the great majority of attendances are non-Europeans, conservative treatment finds favour mainly amongst the Europeans.

Acknowledgments.

I desire to acknowledge with gratitude the loyal support and ever willing assistance given to me by all members of my staff in the City Health Department, and also the consideration and much appreciated help afforded to me at all times by the Chairman and members of your Health Committee and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

E. D. COOPER,

M.D., F.R.F.P.S.(G.), D.P.H.(Glas.), Professor of
Public Hygiene, University of Cape Town. Medical
Officer of Health.

CITY HEALTH DEPARTMENT,
Libertas,
Hertzog Boulevard,
CAPE TOWN.
JULY, 1958.

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MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31st DECEMBER, 1956.

					<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
Area- 55,306 acres.							
Total population	...	...	...	...	192,888	328,690	521,578
Population (excluding the Native Township of Langa)	...	...	...	...	192,850	308,670	501,520
Birth rate	...	...	...	...	18·6	34·3	28·3
Death rate	...	...	...	...	10·0	10·3	10·2
Infant mortality rate		...	...	...	24·5	103·0	83·4
Maternal mortality rate		...	...	...	0·27	1·28	1·03
Tuberculosis death rate		...	...	...	0·13	0·76	0·52
Enteric incidence rate		...	...	...	0·05	0·22	0·15
Enteric death rate	...	...	...	...	—	—	—

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births. The figures for the Langa Native Township are excluded from these rates.

RAINFALL.

Amount in inches	24·47 (average 21·51)
No. of rainy days	105 (average 110)

TEMPERATURE:

Maximum	98·2 F.	(average 57·9 F.)
Minimum	41·7 F.	

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1956.

SECTION I. NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,549 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2-6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Wards 2 and 3) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 7-9 and 11-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to $4\frac{1}{2}$ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the "Northern Suburbs".

AREA.

The area of the Municipality of Cape Town on 31st December, 1956 amounted to approximately 55,306 acres or 86.4 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

CLIMATE.

Cape Town is situated Lat. $33^{\circ} 56' S.$, Long. $18^{\circ} 30' E.$ Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

*The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is in the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

From the point of view of public health Cape Town belongs definitely to the temperate zone, and tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS.

Thirty-seven per cent. of the total population of the Municipality of Cape Town (including Langa Native Township) of over 521,000 consists of Whites or "Europeans". The other 63 per cent. is commonly designated as "non-Europeans"; 80 per cent. of these non-Europeans are of the mixed race known as Cape Coloured, and the remainder consists of Natives and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays", who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 70s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The Natives constitute only 18 per cent. of the non-Europeans. They live in the Council's Native township, or as ordinary non-European residents in the city (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the township are too few to accommodate the population to be housed. Many of the Natives are men from the Native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalized Natives who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are 7,500 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent intermingled, and there is nothing approaching complete segregation of the races. The geographical disposition of white and Coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Europeans are separate from those for non-Europeans, and this will contribute to progressive residential separation. The provision of a Native township has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

WATER SUPPLY.

The water consumption in the city is approximately 26 million gallons per day, and is drawn mainly from the Steenbras Dam, capacity $7\frac{1}{2}$ thousand million gallons, near Gordon's Bay, about 40 miles from the city, and from minor reservoirs on Table Mountain. This service is under the control of the City Engineer. Another large reservoir, with an estimated capacity of 13 thousand million gallons, is under construction at Wemmershoek in the Paarl district, 40 miles from the city. Fourteen other local authorities also look to these water resources for their supplies.

DRAINAGE.

Practically the entire built-up area of the municipality is provided with water-borne sewerage.

The principal sewerage treatment works is located at Athlone, with a present load of 10·5 million gallons per day, dry weather flow. There is also a smaller plant at Wynberg. The main plant at Athlone is now completely surrounded by residential areas and is only 5 miles from the centre of the city. It is being extended so as to be capable of treating an ultimate dry weather flow of 18 million gallons per day.

Further details will be found on page 69.

MARKETS.

The city's fruit and vegetable wholesale market is situated in Sir Lowry Road in the heart of a thickly populated area. This and other municipal retail markets are conducted by the Town Clerk's Department. Details of inspections and foodstuffs condemned will be found on page 65. The wholesale market is threatened with dislocation through congestion, and a scheme to build a £1,156,000 market with an initial covered area of 6 acres at Epping has been adopted.

ABATTOIRS.

The accommodation at the municipal abattoirs at Maitland has been strained for some time, and extensions involving an expenditure of some £940,000 are contemplated, which, when completed, are expected to be adequate for the city's needs for the next 10 years. Details of meat condemned during the year will be found on page 64.

The following is a guide to the municipal wards, together with the density of the estimated population:—

Wards	District.	Density per acre.
1. Sea Point	24
2. Green Point and harbour area	17
3. Signal Hill, Kloof, Camps Bay	10
4. Gardens	9
5. Upper Castle area and Bloemhof	28
6. Lower Castle area and Woodstock	50
7. Part of Woodstock and Salt River	32
8. Maitland, Brooklyn, Windermere	13
9. Part of Salt River, Observatory, Mowbray and part of Rosebank	21
10. Athlone to Lansdowne (Flats side)	10
11. Rondebosch	10
12. Newlands and part of Claremont	13
13. Part of Claremont and Kenilworth	16
14. Wynberg, Plumstead, Southfield	14
15. Diep River to Clovelly	2
— City	9

SECTION II. VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the period of 366 days ended 31st December, 1956. During the previous year, 1954–55, the computation of rates was changed from a weekly basis to calendar months. All statistical rates in this report have a common basis of a year of 366 days. Births and deaths are attributed to date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa Native Township, by reason of its rapidly changing, migratory population, and are shown separately.

The births and deaths statistics are stated variously as:—

- (1) "Crude or uncorrected", including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.
- (2) "Corrected for outward transfers", which is the foregoing (1) after the deduction of deaths in Cape Town of persons who were not Cape Town residents, and births in Cape Town to mothers who were not Cape Town residents.
- (3) "Corrected", which is the foregoing (2) after the addition of locally registered deaths of Cape Town residents occurring outside the municipal area.

Information as to outward transfers is available locally for both Europeans and non-Europeans. on previous reports, European inward transfers were included as and when available from the Director If Statistics, Pretoria, usually after the lapse of some years. But this year, in order to obtain truer statistics, it has been decided to include locally registered inward transfer births and deaths extracted from the records, and by courtesy of, the local Registrar of Births and Deaths.

In the Table on page 84 of this report the record of vital statistical rates is set out for a series of years.

Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.

POPULATION.

The estimated population for the Municipality of Cape Town (excluding Langa Native Township) for the year under review and for the previous year 1954–55 is shown in the following table. It is calculated for the middle of the period (30th June) for the year 1956, and 31st December for the previous year, from the final figures of the 1951 and 1946 census.

Race.	1956			1954–55		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	91,718	101,132	192,850	90,848	100,172	191,020
Coloured	122,079	139,481	261,560	114,121	130,389	244,510
Native	25,025	14,535	39,560	22,766	13,224	35,990
Asiatic	4,495	3,055	7,550	4,359	2,961	7,320
Non-European	151,599	157,071	308,670	141,246	146,574	287,820
All races	243,317	258,203	501,520	232,094	246,746	478,840

The rates for the Municipality of Cape Town for the year under review are based on the above figures.

An approximation of the population in the various wards of the city at 30th June (exclusive of shipping, railway passengers and Langa Native Township), together with the related vital statistics, will be found in Table I on page 81.

The following is an annual average of the population of Langa Native Township based on an enumeration made at the end of each month by the Township authorities:—

European		Natives		All Races		TOTAL
Males.	Females.	Males.	Females.	Males.	Females.	
19	19	16,550	3,470	15,569	3,489	20,058

BIRTHS.

The births, birth rates and rates of natural increase per 1,000 population were as follows:—

Race	Total live births		Outward transfers		Inward transfers		Corrected births	Corrected birth rate	Birth rate 1954-55	Rate of natural increase
	M.	F.	M.	F.	M.	F.				
European	2,544	2,467	762	675	6	7	3,587	18·6	17·6	8·6
Coloured ...	5,212	5,278	624	682	1	4	9,189	35·1	37·4	25·2
Native ...	783	704	235	194	—	1	1,059	26·8	31·8	13·4
Asiatic ...	180	161	6	3	—	—	332	44·0	47·5	37·1
Non-European	6,175	6,143	865	879	1	5	10,580	34·3	37·0	23·9
All races*	8,722	8,611	1,627	1,554	7	12	14,171	28·3	29·3	18·0

*Including 4 of unknown race.

The European birth rate was 5·6 per cent. higher than the previous year and interrupts the steady decline of the last three years, being also 2·8 per cent. higher than the average for the previous five years. The non-European birth rate continued its decline with a decrease of 7·2 per cent.

It will be seen from the above table that the non-European birth rate was 1·8 times as great as that for Europeans; expressed as natural increase it was 2·8 times as great.

The natural increase rate per 1,000 population for the last 10 years averaged 9·4 for Europeans and 25·7 for non-Europeans. The greatest natural increase occurred in Ward 8 for Europeans and in Ward 10 for non-Europeans.

The number of male births per 100 female births was 99·4 among Europeans and 100·8 among non-Europeans (99·8 Coloured, 107·2 Native and 110·1 Asiatic).

Illegitimate live births during the year were as follows:—

Race.				Crude.	Outward transfers.	Percentage of corrected births.	Percentage 1954/55.
European	...	...	...	203	94	3·0	2·7
Coloured	...	...	...	2,871	677	23·9	22·9
Native	...	...	...	506	142	34·4	36·4
Asiatic	...	...	...	1	—	0·3	0·6
Non-European	...	...	...	3,378	819	24·2	23·7
All races*	...	...	...	3,585	913	18·9	18·6

*Including 4 of unknown race.

In the case of 168 pairs of twin births which occurred during the year, the details are as follows:—

Race.	No. of pairs.	Children.					
		Both males.		Both females.		Mixed.	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
European	52	22	—	17	—	13	—
Non-European	116	23	7	27	10	37	12
Total	168	45	7	44	10	50	12

There was also one set of non-European triplets (mixed).

STILL BIRTHS.

Race.				Crude. Total.	Outward Transfers.	Inward Transfers.	Corrected Total.	Still birth Rate.	1954-55 Rate.
European	...	...	...	88	31	2	59	16·2	18·1
Coloured	...	...	...	375	85	1	291	30·7	26·0
Native	...	...	...	104	31	—	73	64·5	64·8
Asiatic	...	...	...	10	—	—	10	29·2	44·1
Non-European	...	...	...	489	116	1	374	34·1	30·9
All races	...	...	...	577	147	3	433	29·6	27·8

The rate is calculated as per 1,000 maternities.

BIRTHS IN INSTITUTIONS.

Race.	Live births.			Still births.			Neonatal deaths in institutions.	
	Crude Total.	Corrected.		Crude Total.	Corrected.		No.	%
		No.	%		No.	%		
European	4,373	2,959	83	75	45	76	53	1·8
Coloured	4,771	3,503	34	227	146	50	183	5·2
Native	1,444	1,027	97	77	47	64	39	3·8
Asiatic	44	37	11	6	5	60	5	13·5
Non-European ...	6,259	4,567	43	310	198	53	227	5·0
All races	10,632	7,526	53	385	243	56	280	3·7

Table G on page 79 will show the registered births and still births for the year classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

In Table H on page 80 the number of births which took place in the various institutions in the municipality is listed.

The annual birth rates since Unification (1913) are set out in years and quinquennia in Table L on page 84.

In Table M on page 85 the birth rates of certain other towns in the Union and for England and Wales are set out for purpose of comparison.

Births registered as belonging to Langa Native Township are excluded from the foregoing figures. Particulars regarding these will be found in Table G on page 79.

BIRTH RATES.

The following table shows the variation in the number of births and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years. The rates for 1956 are corrected for inward and outward transfers, but in previous years for outward transfers only.

Race.	1956		1954-55		1953-54		1952-53		1951-52	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ...	3,587	18·6	3,356	17·6	3,450	18·2	3,522	18·4	3,405	18·3
Coloured ...	9,189	35·1	9,118	37·4	8,872	38·1	9,064	39·9	8,818	41·5
Native ...	1,059	26·8	1,140	31·8	1,126	33·4	1,135	35·2	1,009	34·1
Asiatic ...	332	44·0	347	47·5	375	52·4	309	43·2	365	53·3
Non-European	10,580	34·3	10,605	37·0	10,373	37·9	10,508	39·4	10,192	40·9
All races* ...	14,171	28·3	13,973	29·3	13,833	29·9	14,031	30·6	13,603	31·3

*Including those of unknown race.

GENERAL MORTALITY.

The deaths and death rates per 1,000 population are shown in the following table:—

Race.	Crude Total.		Outward Transfers.		Inward Transfers.		Corrected Deaths.	Death rate.	1954-55 rate.
	M.	F.	M.	F.	M.	F.			
European ...	1,306	1,005	286	164	38	31	1,930	10·01	9·15
Coloured ...	1,691	1,412	299	229	17	19	2,611	9·98	11·14
Native ...	408	270	92	67	8	1	528	13·35	14·52
Asiatic ...	46	13	6	1	—	—	52	6·89	9·73
Non-European	2,145	1,695	397	297	25	20	3,191	10·34	11·52
All races* ...	3,455	2,701	683	461	63	51	5,126	10·22	10·60

*Including 5 of unknown race.

The general death rate for the city continues to decline with a 3·6 per cent. decrease compared with the previous year. The European rate increased by 9·4 per cent. following a rise in the number of deaths and the inclusion of inward transfers during the present year. The non-European rate decreased by 10·2 per cent. despite the additional load of inward transfers for 1956.

Compared with the previous year, the European increase occurred in the age-groups 0-1 year, 5-10 years, 15-35 years, 45-75 years and 85 years and upwards, and was due to sharp rises in deaths from vascular lesions affecting the central nervous system and cardiovascular diseases.

Amongst non-Europeans the decrease occurred in the age-groups 1-10 years and 15-35 years, and resulted mainly from fewer deaths from tuberculosis, gastro-enteritis, whooping cough and measles.

Reference to Table I on page 81 will show the deaths and death rates for the separate wards of the city.

Table L on page 84 sets out the annual death rates in years and quinquennia since Unification in 1913.

For the purpose of comparison the death rates for certain other towns in the Union and for England and Wales are set out in Table M on page 85.

Deaths registered as belonging to Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table A on page 72.

PRINCIPAL CAUSES OF MORTALITY.

Among Europeans cardiovascular diseases continue to be the major cause of death, the mortality having increased annually since 1953. Deaths from arterial diseases have also increased but mortality from neoplasms remains at the same level. These three causes of death overshadow all others.

Among non-Europeans the concern which has been felt annually through the mounting mortality from gastroenteritis is somewhat relieved by a small reduction of deaths from this cause during 1956. The mortality from this disease is still high but has been hard pressed, in 1956, by cardiovascular diseases for pre-eminence in the list of principal causes of death. It is noticed with some disquiet that certain diseases peculiar to early infancy are steadily ascending this same list, but the decline in deaths from tuberculosis since 1948 has continued this year. It is regrettable that deaths from accident and violence should appear as one of the principal causes of death.

The following table summarises in accordance with the International Classification list the ten principal causes of mortality in the Municipality of Cape Town and the corresponding death rate for each cause for Europeans and non-Europeans (corrected for outward transfers).

Int. Code No.	European.			Int. Code No.	Non-European.		
	Cause of Death.	Deaths.	Death rate.		Cause of death.	Deaths.	Death rate.
410-416 420-422 430-434 440-443 330-334 450-456	Cardiovascular diseases (including hypertension with heart disease) ...	676	3.51	571, 764	Diarrhoea and enteritis (including diarrhoea of the newborn) ...	614	1.99
140-205	Arterial diseases (including vascular lesions affecting central nervous system) ...	349	1.81	410-416 420-422 430-434 440-443 760-762 765-776	Cardiovascular diseases (including hypertension with heart disease) ...	503	1.63
E800-E999	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ...	298	1.55	490-493 500-502 763	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ...	335	1.09
490-493 500-502 763	Accidents, poisonings and violence (external cause) ...	77	0.40	330-334 450-456	Bronchitis and pneumonia (including pneumonia of the newborn) ...	302	0.98
760-762 765-776	Bronchitis and pneumonia (including pneumonia of the newborn) ...	65	0.34	001-019	Arterial diseases (including vascular lesions affecting central nervous system) ...	292	0.95
794	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ...	52	0.27	140-205	Tuberculosis (all forms) ...	224	0.73
444-447	Senility without mention of psychosis ...	27	0.14	E800-E999	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ...	222	0.72
590-594	Hypertensive disease without mention of heart ...	25	0.13	444-447	Accidents, poisonings and violence (external cause) ...	181	0.59
001-019	Nephritis and nephrosis ...	25	0.13	590-594	Hypertensive disease without mention of heart ...	37	0.12
	Tuberculosis (all forms) ...	23	0.12		Nephritis and nephrosis ...	40	0.13

The deaths listed above account for 87 per cent. of all deaths.

Further details of the deaths for the year 1956 will be found in Tables A to C, pages 72 to 74, and in Table D, on pages 75 and 76, the rates of mortality of a short list of causes are shown by race with the corresponding figure for the previous ten years.

The contrast between the races is largely due to two factors, viz. (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions; and (2) the difference in the age constitution of the two populations. Thus tuberculosis, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions, result in a greater mortality in the non-European groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table K, on page 83, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, page 17).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 74, where the deaths for the year 1956, classified for certain causes and by race, are set out according to the months of registration.

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following tables (corrected):—

Race.		Age groups.											
		0—1		1—5		5—25		25—65		65 and over.		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	European ...	57	31	4	5	22	19	396	240	579	577	1,058	872
	Coloured ...	444	366	133	148	73	57	496	351	263	280	1,409	1,202
	Native ...	156	110	37	43	14	12	102	36	15	3	324	204
	Asiatic ...	10	4	—	1	—	1	16	5	14	1	40	12
	Non-European	610	480	170	192	87	70	614	392	292	284	1,773	1,418
All races ...		667	511	174	197	109	89	1,010	632	871	861	2,831	2,290
Percent-age	European ...	5·4	3·6	0·4	0·6	2·1	2·2	37·4	27·5	54·7	66·2	100·0	100·0
	Coloured ...	31·5	30·5	9·4	12·3	5·2	4·7	35·2	29·2	18·7	23·3	100·0	100·0
	Native ...	48·2	53·9	11·4	21·1	4·3	5·9	31·5	17·6	4·6	1·5	100·0	100·0
	Asiatic ...	25·0	33·3	—	8·3	—	8·3	40·0	41·7	35·0	8·3	100·0	100·0
	Non-European	34·4	33·9	9·6	13·5	4·9	4·9	34·6	27·6	16·5	20·0	100·0	100·0
All races ...		23·6	22·3	6·2	8·6	3·8	3·9	35·7	27·6	30·8	37·6	100·0	100·0

Death under five years of age constitute 5 per cent. of all deaths in Europeans as compared with 45·5 per cent. in non-Europeans. The European figure is identical with the previous year, but the non-European figure declined from 47·4 per cent. The racial figures are Coloured 41·8, Native 65·5, Asiatic 28·8. Deaths under 25 years of age constitute 7·2 per cent. of all deaths in Europeans compared with 6·7 per cent. in the previous year, while among non-Europeans 50·4 per cent of deaths were under 25 years of age, with 53·1 per cent. in the previous year.

The table below shows the percentage of deaths in age groups at intervals during the past 30 years:—

Year.				European.									
				0—1		1—5		5—25		25—65		65 +	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1915	...	...	...	23	24								
1925	...	...	...	16	13	4	7	8	8	45	40	27	32
1935	...	...	...	6	9	4	3	7	9	42	37	41	41
1945	...	...	...	7	7	2	2	4	5	40	35	47	51
1955	...	...	...	5	3	1	1	2	1	36	29	56	66
				Non-European.									
1915	...	...	...	39	36								
1925	...	...	...	34	33	16	19	10	14	33	26	6	8
1935	...	...	...	27	28	21	21	10	13	33	28	9	10
1945	...	...	...	26	24	15	19	10	15	39	30	10	12
1955	...	...	...	32	33	14	16	6	5	33	26	15	20

The death rates per 1,000 population for the year 1956 are shown below according to sex and compared with the year 1952/53, when the final figures of the 1951 census became available, and the sex distribution of the estimated population could be expected to be reasonably accurate:

Race.		Uncorrected deaths.		Corrected for Outward Transfers.					
				Deaths.		Rate.		1952-53 rate.	
		M.	F.	M.	F.	M.	F.	M.	F.
European	...	1,306	1,005	1,020	841	11·1	8·3	10·6	8·2
Coloured	...	1,691	1,412	1,392	1,183	11·4	8·5	14·6	11·1
Native	...	408	270	316	203	12·6	14·0	17·2	16·6
Asiatic	...	46	13	40	12	8·9	3·9	10·6	4·5
Non-European	...	2,145	1,695	1,748	1,398	11·5	8·9	14·9	11·4
All races*	...	3,455	2,701	2,772	2,240	11·4	8·7	13·1	10·1

The rates during this period remain in the ratio of 1 female to 1·3 males for both European and non-European.

DEATHS IN INSTITUTIONS.

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Deaths occurring in institutions.	Percentage of total deaths.	Deaths occurring in institutions.	Percentage of total deaths.
European	1,259	54·5	864	46·4
Coloured	1,226	39·5	736	28·6
Native	346	51·0	203	39·1
Asiatic	20	33·9	15	28·8
Non-European	1,592	41·5	954	30·3
All races	2,851	46·3	1,818	36·3

HOME ACCIDENTS.

The following list of deaths in Cape Town from accidents in the home has been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death.

	<i>Europeans.</i>		<i>Non-Europeans.</i>	
Burns and scalds	2	26		
Falls	20	8		
Suffocation	3	10		
Electrocution	1	—		
Shooting	1	1		
Poisoning by drugs	2	—		
Carbon monoxide poisoning	—	3		

DEATHS BY OCCUPATION.

Deaths at certain ages are classified here as to occupation at time of death.

Occupation.		Age-groups.								Out of City.	
		15—25		25—45		45—65		65+			
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Agriculture	M.	—	—	—	—	4	3	2	2	34	7
	F.	—	—	—	—	—	—	—	—	—	—
Clerical	M.	1	2	8	2	38	1	9	2	22	1
	F.	2	—	3	—	5	—	—	—	3	1
Domestic servant	M.	—	—	—	1	—	1	—	—	—	—
	F.	—	8	—	7	—	12	—	1	—	8
Fishing and Marine	M.	—	—	—	1	6	5	1	5	1	6
	F.	—	—	—	—	—	—	—	—	—	—
Invalid	M.	—	6	2	2	11	2	2	2	2	1
	F.	5	3	4	3	3	1	2	1	2	1
Labourer	M.	—	26	2	133	8	164	3	44	5	100
	F.	—	—	—	—	—	—	—	—	—	—
Managerial	M.	—	—	4	1	28	—	22	—	12	—
	F.	—	—	1	—	2	—	1	—	1	—
Commercial	M.	—	4	3	11	18	13	24	12	9	3
	F.	—	—	—	—	—	—	—	1	—	—
Professional	M.	—	—	7	—	25	2	21	3	16	1
	F.	—	1	3	—	2	1	4	—	1	—
Police and Military	M.	3	—	1	1	2	—	1	—	4	2
	F.	—	—	—	—	—	—	—	—	—	—
Salesman	M.	2	—	3	1	5	—	3	—	—	—
	F.	—	—	1	1	2	—	—	—	—	—
Scholar	M.	2	8	—	—	—	—	—	—	—	2
	F.	—	6	—	—	—	—	—	—	1	2
Teacher	M.	—	—	—	3	2	2	2	1	2	—
	F.	—	1	—	—	2	1	1	—	—	—
Tradesman	M.	4	1	13	20	49	76	21	24	26	18
	F.	—	—	—	—	—	—	1	—	—	—
Transport	M.	—	—	5	10	16	7	2	4	10	3
	F.	—	—	—	—	—	—	—	—	—	—
Other Workers	M.	—	4	5	20	23	36	12	13	11	6
	F.	1	6	1	6	1	3	2	—	1	—
Housewives	M.	—	—	—	—	—	—	—	—	—	—
	F.	2	17	27	111	140	203	325	123	94	63
Retired, unknown	M.	—	2	7	10	84	71	434	175	81	21
	F.	—	1	—	2	35	28	218	153	31	5
Total	M.	12	53	60	216	319	383	559	287	235	171
	F.	10	43	40	130	192	249	554	279	134	80

DEATH RATES.

The following table shows the variation in the number of deaths and death rates per 1,000 population for the Municipality of Cape Town over a period of five years. The rates are based on the population figures of the censuses of 1946 and 1951, and are corrected for locally registered outward transfers up to 1954-55, and for inward and outward transfers from 1956.

Race.	1956.		1954-55.		1953-54.		1952-53.		1951-52.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European ...	1,930	10·01	1,743	9·15	1,773	9·37	1,789	9·33	1,842	9·88
Coloured ...	2,611	9·98	2,716	11·14	2,762	11·85	2,891	12·72	3,045	14·33
Native ...	528	13·35	521	14·52	533	15·82	548	17·00	628	21·20
Asiatic ...	52	6·89	71	9·73	61	8·53	58	8·12	59	8·62
Non-European	3,191	10·34	3,308	11·52	3,356	12·25	3,497	13·12	3,732	14·99
All races* ...	5,126	10·22	5,063	10·60	5,139	11·09	5,288	11·54	5,583	12·82

*Including those of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age and the corresponding rates per 1,000 live births for the year 1956 are shown in the following table:—

Race	Crude Infant deaths.		Outward Transfers.		Inward Transfers.		Corrected Infant deaths.	Corrected Infant mortality rate.	Rate 1954-55.
	M.	F.	M.	F.	M.	F.			
European ...	96	48	39	17	—	—	88	24·5	21·5
Coloured ...	553	467	110	101	2	—	811	88·3	88·0
Native ...	195	140	40	30	—	—	265	250·2	217·5
Asiatic ...	12	4	2	—	—	—	14	42·2	54·8
Non-European ...	760	611	152	131	2	—	1,090	103·0	100·8
All races* ...	859	660	191	148	2	—	1,182	83·4	82·5

*Including 4 of unknown race.

The European infant mortality rate shows an increase of 14·4 per cent. compared with the previous year, but is still slightly below the average of the previous five years. Infant deaths from prematurity and injury at birth accounted for the rise in the mortality rate, and are outside the scope of the child welfare work of the Department.

The non-European infant mortality rate has also risen by 2·2 per cent. and is the highest since 1951-52. There was a slight increase in the number of infant deaths during 1956 but the decline in the number of births registered, upon which the rate is based, is not easily explained except by surmising that all births are not being registered. The main fluctuation in infant deaths compared with the previous year was a decline in deaths from diarrhoea and enteritis, and a sharp increase in deaths from prematurity. The non-European infant mortality rate was 4·2 times as great as that for Europeans.

The causes of infant mortality both for children under one year of age and children between one year and two years of age are set out in Table K on page 83. Mention must again be made of the high mortality of diarrhoea and enteritis amongst non-European infants, which was the principal cause with a relatively high infant mortality rate of 42·3 per 1,000 live births for the year under review. On pages 77 and 78, the deaths of infants under one year of age for the year 1956 are classified by race according to age at death, cause of death and legitimacy.

The annual infant mortality rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table L on page 84.

In the year under review 63 per cent. of the total deaths among European infants occurred in the first week of life, and 69 per cent. in the first month (4 weeks). Amongst non-Europeans the percentages were 28 for the first week and 37 for the first month.

Infant mortality, 1956 (corrected for outward transfers):—

				<i>European.</i>	<i>Non-European.</i>	<i>All Races.</i>
First quarter ...	...	...	...	24	135	108
Second quarter	...	...	...	26	115	92
Third quarter	...	...	...	34	81	69
Fourth quarter	...	...	...	14	81	64

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births are shown in the accompanying table, classified for certain causes:—

Cause of death.	Neonatal mortality rate.		Post neonatal mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough	—	—	—	0·09	—	0·09
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0·09	—	0·09
Diphtheria	—	—	—	—	—	—
Tuberculosis (all forms)	—	0·09	—	2·46	—	2·55
Syphilis	—	—	—	0·19	—	0·19
Bronchitis and pneumonia	0·56	3·59	0·56	11·25	1·12	14·84
Diarrhoea and enteritis	0·28	1·51	2·79	40·74	3·07	42·25
Immaturity	6·69	16·82	—	0·57	6·69	17·39
Injury at birth	3·62	5·58	—	0·09	3·62	5·67
Congenital malformations	2·23	1·42	1·67	1·80	3·90	3·21
Other diseases of early infancy	3·35	7·66	0·84	0·95	4·18	8·60
Other and ill-defined or unknown causes	0·28	1·42	1·67	6·71	1·95	8·13
Total	17·01	38·09	7·53	64·93	24·53	103·02

Compared with the corresponding rates for last year, the European neonatal death rate increased by 16·5 per cent., and the non-European rate by 27 per cent. The increase in the European rate resulted from more deaths from immaturity and injury at birth, but as these two causes of death were cited as being responsible for a decrease in the previous year, there is no real cause for alarm. Among non-Europeans the increase in the neonatal death rate was due to more infant deaths from bronchitis and pneumonia and immaturity. The post neonatal rate increased by 10 per cent. for Europeans, and decreased by 8 per cent. for non-Europeans.

The following table shows the corrected number of neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births.

Race.	Neonatal.			Post neonatal.			Infant Mortality.	
	Deaths M.	F.	Mortality rate.	Deaths M.	F.	Mortality rate.	Deaths	Mortality rate.
European	38	23	17·0	19	8	7·5	88	24·5
Coloured	185	144	35·8	261	221	52·5	811	88·3
Native	42	22	60·4	112	89	189·8	265	250·2
Asiatic	7	3	30·1	3	1	12·1	14	42·2
Non-European	234	169	38·1	376	311	64·9	1,090	103·0
All races*	275	193	33·0	395	319	50·4	1,182	83·4

*Including 4 of unknown race.

The next table shows the variation in the neonatal and post neonatal mortality rates over a period of five years.

Period.	European.		Non-European.	
	Neo-natal.	Post neonatal.	Neo-natal.	Post neonatal.
Year ended 30th June, 1952	19·68	9·10	32·67	73·59
" " " 1953	14·48	6·81	32·92	68·43
" " " 1954	20·29	10·14	31·23	69·31
" " " 1955	14·6	6·9	30·0	70·8
Calendar year 1956	17·0	7·5	38·1	64·9
Quinquennium 1952–1956	17·2	8·1	33·0	69·4

A record of the perinatal death rate is given below. This rate is the number of still births and deaths under one week of age per 1,000 live and still births, and is influenced by factors related to both mother and child.

	European.	Non-European.	All races.
1950–51	26	57	49
1951–52	27	56	49
1952–53	27	57	50
1953–54	31	57	51
1954–55	29	53	47
1956	31	62	55

The infant mortality in respect of legitimate and illegitimate infants amongst the various races in the Municipality of Cape Town for the year 1956 is shown in the following table:—

	Euro- pean.	Col- oured.	Native.	Asiatic.	All non- Eur.	All races.
Number of legitimate births	3,465	6,990	694	331	8,015	11,480
Number of legitimate deaths under one year of age ...	83	523	154	14	691	774
Infant mortality (legitimate) per 1,000 live births ...	24·0	74·8	221·9	42·3	86·2	67·4
Number of illegitimate births	109	2,194	364	1	2,559	2,672
Number of illegitimate deaths under one year of age	3	228	54	—	282	289
Infant mortality (illegitimate) per 1,000 live births ...	27·5	103·9	148·4	—	110·2	108·2

The deaths of 117 infants under one year of age (2 European and 115 non-European) are excluded from above figures as information regarding legitimacy was unobtainable.

In Table I on page 81 the infant mortality will be found classified according to place of residence (wards).

The deaths of infants in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table E, on page 77.

Infant mortality rates for certain other towns in the Union of South Africa and for England and Wales are set out in Table M, on page 85 for the purposes of comparison.

INFANT MORTALITY.

The number of deaths of infants under one year of age for the Municipality of Cape Town and the infant mortality rates per 1,000 live births for the past five years are indicated in the following table.

Race.	1956		1954-55		1953-54		1952-53		1951-52	
	Deaths under 1 year	Infant mor- tality rate.	Deaths under 1 year.	Infant mor- tality rate.	Deaths under 1 year.	Infant mor- tality rate.	Deaths under 1 year.	Infant mor- tality rate.	Deaths under 1 year.	Infant mor- tality rate.
European ...	88	24·5	72	21·5	105	30·43	75	21·29	98	28·78
Coloured ...	811	88·3	802	88·0	783	88·26	818	90·25	805	91·29
Native ...	265	250·2	248	217·5	237	210·48	236	207·92	260	257·68
Asiatic ...	14	42·2	19	54·8	23	61·33	11	35·60	18	49·32
Non-European	1,090	103·0	1,069	100·8	1,043	100·55	1,065	101·35	1,083	106·26
All races* ...	1,182	83·4	1,153	82·5	1,158	83·71	1,141	81·32	1,187	87·26

*Including those of unknown race.

MATERNAL MORTALITY.

The following table shows the number of deaths which occurred during 1956 from causes ascribed to pregnancy and childbirth including abortion, and the corresponding maternal mortality rate per 1,000 live births, corrected for outward transfers.

Int. Code No.	Cause of death.	Deaths.			Maternal mortality rates per 1,000 live births.		
		Eur.	Non.-E.	All races.	Eur.	Non.-E.	All races.
640,641, 651, 681- 682, 684	Puerperal septicaemia (in- cluding abortion with sepsis)	1	3	4	0·28	0·28	0·28
642, 652, 685-686	Toxaemia of pregnancy and the puerperium	—	4	4	—	0·38	0·28
643-644 670-672	Haemorrhage of pregnancy and childbirth	—	1	1	—	0·09	0·07
650	Abortion without mention of sepsis or toxaemia	—	5	5	—	0·47	0·35
645-649 673-680 683 687-689	Other complications of preg- nancy, childbirth and the puerperium	—	1	1	—	0·09	0·07
	All causes (except puerperal septicaemia)	—	11	11	—	1·04	0·78
	Total ...	1	14	15	0·28	1·32	1·06

In the next table the annual maternal mortality rates per 1,000 live births for the Municipality are shown for a series of years.

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1914-15 to 1918-19	0.59	1.30	1.02	2.13	3.55	2.98	2.72	4.85	4.00
1919-20 to 1923-24	1.76	1.20	1.40	2.84	2.16	2.41	4.60	3.36	3.81
1924-25 to 1928-29	1.03	1.71	1.48	1.74	3.73	3.07	2.77	5.43	4.56
1929-30 to 1933-34	0.94	1.27	1.17	3.04	3.12	3.10	3.98	4.40	4.27
1934-35 to 1938-39	0.96	1.39	1.26	2.43	3.30	3.05	3.38	4.49	4.32
1939-40 to 1943-44	0.85	1.79	1.49	1.09	2.50	2.06	1.93	4.29	3.55
1944-45 to 1948-49	0.14	0.52	0.41	0.79	1.70	1.47	0.93	2.22	1.88
1949-50 to 1953-54	0.12	0.36	0.29	0.46	1.16	0.99	0.58	1.52	1.28
1949-50	—	0.10	0.08	0.29	1.02	0.83	0.29	1.12	0.91
1950-51	0.30	0.30	0.30	—	1.32	0.98	0.30	1.62	1.28
1951-52	—	0.49	0.36	0.59	0.88	0.81	0.59	1.37	1.17
1952-53	—	0.19	0.14	0.56	1.42	1.21	0.56	1.61	1.35
1953-54	0.29	0.68	0.58	0.87	1.15	1.08	1.16	1.83	1.66
1954-55	0.30	0.19	0.21	0.89	1.79	1.57	1.19	1.98	1.79
1956	0.28	0.28	0.28	—	1.04	0.78	0.28	1.32	1.06

The maternal mortality rate per 1,000 total deliveries (live births and still births), registered during the year 1956 and in the previous years were as follows:—

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1947-48	—	0.75	0.53	1.02	1.19	1.14	1.02	1.94	1.67
1948-49	0.53	—	0.15	1.06	2.01	1.75	1.59	2.01	1.90
1949-50	—	0.10	0.07	0.29	0.99	0.81	0.28	1.09	0.88
1950-51	0.30	0.29	0.29	—	1.27	0.96	0.30	1.57	1.25
1951-52	—	0.47	0.35	0.58	0.86	0.79	0.58	1.33	1.14
1952-53	—	0.18	0.14	0.56	1.38	1.18	0.56	1.56	1.31
1953-54	0.29	0.65	0.56	0.85	1.12	1.05	1.14	1.77	1.61
1954-55	0.29	0.18	0.21	0.88	1.74	1.53	1.17	1.92	1.74
1956	0.27	0.27	0.27	—	1.00	0.75	0.27	1.28	1.03

SECTION III. MATERNAL AND CHILD WELFARE.

DR. ISOBEL ROBERTSON, B.A., M.B., CH.B., D.P.H.
MATERNAL AND CHILD WELFARE OFFICER.

This Branch is responsible for health education and preventive work among mothers and young children. Treatment of minor ailments is done for children whose parents are unable to afford medical fees.

The work of the branch consists of home visiting, carried out by a staff of 50 health visitors, and clinic sessions conducted by one of three full time medical officers or a part-time medical officer with special knowledge of this type of work, with the assistance of the health visitors of the district. There are at present 37 part-time doctors doing one to three clinic sessions per week. Valuable assistance is given in the form of clerical work at many of the sessions by voluntary workers, whose interest is much appreciated.

Pre-natal sessions are conducted for expectant mothers, particularly those to be attended by private midwives.

The clinics are conducted at 16 municipal welfare centres, all sited as near the homes of the people as possible, the out-patient department of the Langa African Hospital, the housing office of the Steenberg municipal housing scheme, and eight hired halls.

Two very fine new welfare centres have recently been erected, one in 6th Avenue, Kensington, to serve the Kensington and Windermere areas and replaces a very inadequate cottage which was previously used. This was opened in July, 1955. The second is a combined child welfare and dental clinic in Norfolk Street, Maitland, to serve the Maitland area. This has been named the E. G. Nyman Clinic, and was opened on 3rd December, 1956, by his Worship the Mayor.

The Society for Maternal and Family Welfare conducts post-natal clinics in seven of the Welfare Centres.

Mothers are visited about two weeks after their confinements, assisted with any problems relating to their infants and advised to attend the nearest welfare centre regularly with their babies and pre-school children. Thereafter they are visited at regular intervals up to school age. Mothers who have private doctors in attendance are visited on request only.

Protected infants, that is, children maintained apart from their parents, are visited at three-monthly intervals, and reports on their condition are sent to the Commissioner of Child Welfare.

General medical clinics are conducted weekly at eight centres, for indigent school children, and special ear, nose and throat and eye clinics are held every week for cases referred from these clinics.

Dental sessions are held in five of the welfare centres for mothers and children.

Orthopaedic clinics are held in six of the centres weekly. An orthopaedic surgeon attends four of these clinics once a month. The orthopaedic health visitor also attends many children in their homes.

An intensive programme of immunization against diphtheria and whooping cough is carried out throughout the year.

Poliomyelitis vaccination was done on a small scale during the latter half of the year, the supply of vaccine being limited.

Supplementary feeding for expectant and nursing mothers and mal-nourished children is provided at all the larger centres. This takes the form of dinner or snacks of high nutritional value, and milk.

The Branch is responsible for running three nursery schools, one with a crèche attached, for non-European children, one crèche for Native children in Langa and a small resident nursery for the infants of women suffering from tuberculosis.

The Health Department has a list of all midwives practising in the municipal area, and this branch is responsible for the supervision of these individuals.

MATERNAL AND CHILD WELFARE CENTRES.

There are 26 branch centres in Cape Town and the suburbs. As there is no centre for the central Cape Town area, sessions are held for Europeans in halls hired for the purpose, and for the non-Europeans temporary use is made of a house in the Malay quarter.

The table on page 25 shows the attendances (classified for race) at the child welfare sessions, pre-natal clinics, school clinics and dinners held at the centres during the year 1956.

CHILD WELFARE SESSIONS.

During the year 54 child welfare sessions were held weekly, and 11 fortnightly. At these sessions 13,363 of the children seen were new cases. Of these, 11,854 (1,681 European and 10,173 non-European) were under one year of age at the time of their first attendance, and 1,509 (198 European and 1,311 non-European) were over one year of age at that time.

Of the new cases, 147 were children resident outside the municipal area, viz. under one year of age: Europeans 33, non-Europeans 86; over one year of age: Europeans 6, non-Europeans 22.

The new cases resident within the city (excluding attendance at the Langa centre) were as follows:—

				<i>Europeans.</i>	<i>Non-Europeans.</i>
Under one year of age:	...	...	...	1,681	9,779
Over one year of age:	...	...	...	198	1,304

These first attendances under one year of age amounted to 80 per cent. of the registered local births, 46 per cent. in the case of Europeans and 92 per cent. in the case of non-Europeans.

These figures do not include infants who attended the consultations of the South African Mothercraft Training Centre, which, if included, would increase the percentage of European attendances.

The attendances at the child welfare sessions over a period of years are shown in the following table:—

Centre	1956	1954-55	1953-54	1952-53	1951-52
Shortmarket Street	7,972	8,718	8,159	7,807	8,970
Kloof Street	2,213	1,750	1,446	1,783	1,454
Aspeing Street	19,218	16,563	16,957	19,090	19,448
Bloemhof	6,307	5,939	5,854	6,354	7,553
Devil's Peak	1,596	1,736	1,665	1,530	1,560
Green Point	1,237	1,296	1,239	1,555	1,332
Camps Bay	579	508	485	502	423
Woodstock	12,715	14,009	14,636	14,786	13,873
Mowbray	392	643	783	771	805
Maitland	5,255	9,592	9,132	8,614	8,542
Brooklyn	2,612	2,067	1,868	2,046	2,126
Windermere (6th Avenue)	25,152	—	—	—	—
Windermere (8th Avenue)	—	15,627	16,328	15,809	13,911
Langa	3,846	3,569	3,772	3,489	3,446
Athlone	14,469	15,797	15,758	17,215	16,807
Bokmakirie	13,393	12,660	12,872	13,113	13,551
Silvertown	342	—	—	—	—
Claremont (Station Road)	7,768	5,403	5,122	5,189	5,497
Claremont (Wesley Street)	5,334	5,312	4,989	5,716	5,672
Claremont (Franklin Road)	829	834	594	566	726
Lansdowne	6,369	6,359	6,041	5,816	5,435
Wynberg	9,507	8,247	8,127	8,128	8,963
Parkwood and Southfield	3,685	3,108	3,734	2,235	2,612
Retreat	20,722	14,596	13,314	13,832	12,126
Steenberg	2,651	2,141	2,381	1,873	1,853
Muizenberg	308	346	408	421	340
Kalk Bay	771	780	677	500	561
Totals	175,242	157,600	156,341	158,740	157,586

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE.
(Lady Buxton Home.)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year ended 31st December, 1956.

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	204	397	3,140	241
Sea Point	53	181	1,455	86

ADVISORY WORK AT CHILD WELFARE SESSIONS.

At the sessions mothers are advised on correct infant feeding and hygiene.
Breast feeding is encouraged and sessions are held by the health visitors at which instructional test feeds are done.
During the year instructional test feeds were given to 499 European mothers and 2,853 Coloured and Native mothers.
Dried milk for infants who cannot be entirely breast-fed, and skimmed milk for children with malnutrition are supplied at the centres under the direction of the medical officers, at cost price. In cases of poverty the milk is supplied free or at a reduced rate. Such medicines as may be ordered are supplied on similar terms.
During the year ended 31st December, 1956, 1,952 new cases were supplied with dried milk and 59,248 pounds were issued.

MEDICAL EXAMINATIONS.

All infants attending infant welfare sessions are medically examined at their first visit and periodically thereafter. Children requiring special treatment are referred to hospital or to their own doctors. Minor ailments in indigent cases are treated at the welfare centre.
Vitamin oils in the form of hake liver oil and cod liver oil are supplied at the centre, and a stock of simple medicines is available.
The work done at the various sessions conducted at the welfare centres is shown in the table on page 25.

PROVISION OF DINNERS OR MILK WITH SNACKS.

At five of the centres dinners were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.
At eight centres milk and snacks were served. The snacks consist of cheese, fruit and fortified bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup.
The number of servings of dinners and milk and snacks at the various child welfare centres during the year was as follows:—

<i>Dinners.</i>				<i>Milk and Snacks.</i>			
Aspeling St.	...	...	15,424	Shortmarket Street	...	...	6,466
Woodstock	...	...	6,967	Athlone	...	...	6,451
Kensington	...	...	12,064	Bokmakirie	...	...	19,142
Wynberg	...	...	5,144	Claremont (Station Road)	...	...	8,165
Southfield	...	...	4,935	Claremont (2nd Avenue)	...	...	7,826
				Lansdowne	...	...	1,188
				Retreat	...	...	2,283
				Steenberg	...	...	10,254
			44,533				61,775

In accordance with arrangement made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week day, and the children consume the milk at the centres. During the year under review the attendances of children for milk numbered 140,540 and the milk consumed amounted to 6,627 gallons (exclusive of the milk provided at the municipal nursery schools).

HEALTH VISITING IN THE HOME.

Home visiting can be considered the most important aspect of the work of a health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth, and thereafter as frequently as the health visitor's time permits, but not less frequently than every three months during the first year of life.
The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough and other infectious diseases of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff as at 31st December, 1956, is made up as follows:—

Principal Health Visitor	...	...	...	...	1
Assistant Principal Health Visitor	...	...	...	...	1
Health Visitors: European	...	...	...	...	33
Malay	...	...	...	...	2
Coloured	...	...	...	...	8
African	...	...	...	...	3
Clinic nurses	...	...	...	...	2
Social Welfare Worker	...	...	...	...	1
Special duties are done by six of the health visitors, i.e.:—					
Diphtheria immunizing	...	...	...	...	2
Orthopaedic clinics and visiting	...	...	...	...	1
School clinics and visiting	...	...	...	...	2
Supervision of midwifery	...	...	...	...	1

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Ses- sions.	First attendances.		Total attend- ances.	Ses- sions.	Attendances.		Ses- sions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Child- ren.
Shortmarket St., Cape Town	Eur. ... Non-Eur. ... Total ...	148	— 611 611	— 48 48	7,972 7,972	27	— 188 188	— 631 631	18	— 260 260	— 963 963	— 29 29	12 6,425 6,437
Kloof St., Cape Town	Eur. ... Non-Eur. ... Total ...	51	150 — 150	3 — 3	2,213 — 2,213								
Aspeling St., Cape Town	Eur. ... Non-Eur. ... Total ...	289	— 1,188 1,188	— 182 182	19,218 19,218	51	— 696 696	— 2,896 2,896	39	— 1,065 1,065	— 4,378 4,378	— 3,907 3,907	— 11,517 11,517
Bloemhof, Cape Town	Eur. ... Non-Eur. ... Total ...	101	— 334 334	— 21 21	6,307 6,307	43	— 146 146	— 628 628					
Devil's Peak Estate	Eur. ... Non-Eur. ... Total ...	47	122 — 122	15 — 15	1,596 — 1,596								
Green Point ...	Eur. ... Non-Eur. ... Total ...	51	84 — 84	8 — 8	1,237 — 1,237								
Camps Bay ...	Eur. ... Non-Eur. ... Total ...	25	54 — 54	— — —	579 — 579								
Woodstock ...	Eur. ... Non-Eur. ... Total ...	247	250 695 945	37 114 151	3,369 4,253 12,715	100	6 603 609	10 2,542 2,552	195	523 1,471 1,994	1,320 3,687 5,007	83 2,224 2,307	119 4,540 4,659
Mowbray ...	Eur. ... Non-Eur. ... Total ...	23	45 — 45	— — —	392 — 392								
Maitland ...	Eur. ... Non-Eur. ... Total ...	97	79 279 358	8 28 36	1,002 4,253 5,255	9	1 39 40	1 234 235	20	66 309 375	94 969 1,063		
Brooklyn ...	Eur. ... Non-Eur. ... Total ...	53	178 — 178	23 — 23	2,612 — 2,612	27	11 — 11	37 2 39					
Kensington ...	Eur. ... Non-Eur. ... Total ...	247	— 1,790 1,790	— 272 272	— 25,152 25,152	142	— 1,788 1,788	— 6,685 6,685	17	— 479 479	— 1,335 1,335	— 2,529 2,529	— 9,535 9,535
Silvertown ...	Eur. ... Non-Eur. ... Total ...	4	— 18 18	— 4 4	— 342 342								
Athlone ...	Eur. ... Non-Eur. ... Total ...	196	— 1,275 1,275	— 81 81	2 14,467 14,469	102	— 852 852	— 3,226 3,226	19	1 611 612	5 1,233 1,238	— 1,218 1,218	— 5,233 5,233
Langa ...	Native ...	46	394	7	3,846	52	415	1,645					
Bokmakirie ...	Eur. ... Non-Eur. ... Total ...	144	— 753 753	— 139 139	— 13,393 13,393	98	— 615 615	— 2,763 2,763				3,783 3,783	15,359 15,359
Station Rd., Clare- mont	Eur. ... Non-Eur. ... Total ...	149	126 373 499	19 67 86	1,648 6,120 7,768	50	18 324 342	76 1,312 1,388	18	21 284 305	120 663 783	1 1,888 1,889	4 6,272 6,276
Wesley St., Clare- mont	Eur. ... Non-Eur. ... Total ...	101	— 251 251	— 32 32	— 5,334 5,334	49	— 80 80	— 344 344				1,234 1,234	6,592 6,592
Franklin Road, Claremont ...	Eur. ... Non-Eur. ... Total ...	24	67 — 67	7 — 7	829 — 829								
Lansdowne ...	Eur. ... Non-Eur. ... Total ...	145	133 422 555	20 70 90	1,502 4,867 6,369	56	12 279 291	34 1,062 1,096				527 527	661 661
Wynberg ...	Eur. ... Non-Eur. ... Total ...	150	162 420 582	22 42 64	2,254 7,253 9,507	49	9 384 393	29 1,205 1,234	17	19 361 380	29 858 887	— 1,801 1,801	— 3,343 3,343
Parkwood and Southfield ...	Eur. ... Non-Eur. ... Total ...	95	113 101 214	20 22 42	1,498 2,187 3,685	44	9 31 40	21 87 108				1,379 1,379	3,556 3,556
Retreat ...	Eur. ... Non-Eur. ... Total ...	278	88 1,148 1,236	16 164 180	1,276 19,446 20,722	109	8 1,026 1,034	27 3,798 3,825					2,283 2,283
Steenberg ...	Eur. ... Non-Eur. ... Total ...	52	— 57 57	— 5 5	— 2,651 2,651	52	— 41 41	— 213 213					10,254 10,254
Muizenberg ...	Eur. ... Non-Eur. ... Total ...	20	30 — 30	— — —	308 — 308								
Kalk Bay ...	Eur. ... Non-Eur. ... Total ...	27	— 64 64	— 13 13	— 771 771	21	— 27 27	— 99 99					
TOTAL ...	Eur. ... Non-Eur. ... Total ...	2,810	1,681 10,173 11,854	198 1,311 1,509	22,317 152,925 175,242	1,081	74 7,534 7,608	235 29,372 29,607	343	630 4,840 5,470	1,568 14,086 15,654	84 20,519 20,603	135 85,570 85,705

The following table shows the number of visits made during 1956 and previous years by the health visitors and the social welfare workers (including the visits made by the tuberculosis health visitors and the nurse visitors from the Venereal Disease Branch).

Classification of visits.	Number of visits.									
	1956	1954-55	1953-54	1952-53	1951-52	1950-51	1949-50	1948-49	1947-48	1946-47
Visits to houses where births have occurred ...	16,773	16,094	15,454	15,548	14,930	14,773	14,725	14,758	14,667	14,622
Subsequent visits to houses where births have occurred ...	67,986	72,308	70,312	67,960	53,726	57,082	57,127	54,503	50,989	43,912
Visits to houses where deaths under 5 years of age have occurred ...	1,563	1,514	1,303	1,147	1,308	1,365	1,336	1,369	1,620	1,303
Visits to expectant mothers ...	1,346	1,652	1,841	1,851	2,184	2,426	2,612	2,795	2,912	2,890
Visits <i>re</i> protected infants ...	2,670	2,504	2,483	2,624	2,322	2,059	2,024	2,097	2,778	3,029
Special follow-up visits	2,808	3,381	4,433	4,875	5,847	6,231	6,211	6,096	5,267	4,843
Visits to cases of tuberculosis ...	36,145	25,732	22,307	25,052	25,705	24,087	21,609	20,500	21,006	19,018
Visits <i>re</i> cases of puerperal fever ...	22	17	13	25	24	18	48	51	86	76
Visits <i>re</i> measles ...	32	131	69	121	19	69	52	41	89	83
Visits <i>re</i> whooping cough	191	934	589	1,155	1,821	944	287	42	104	48
Visits <i>re</i> diarrhoea ...	36	47	48	27	80	83	85	60	45	29
Visits <i>re</i> chicken-pox ...	17	22	28	9	11	21	23	9	19	8
Visits <i>re</i> ophthalmia neonatorum ...	530	461	355	245	209	325	332	431	427	564
Visits <i>re</i> pneumonia ...	2	7	10	47	158	229	271	276	348	360
Visits <i>re</i> trachoma ...	—	1	1	1	1	1	1	3	1	5
Visits <i>re</i> influenza ...	1	—	1	—	2	1	1	1	—	2
Visits <i>re</i> other diseases ...	11	6	9	3	18	23	18	76	154	81
Visits <i>re</i> diphtheria immunization ...	1,428	1,831	779	874	897	1,197	1,340	1,115	1,025	2,150
Visits <i>re</i> diphtheria ...	15	18	—	3	2	4	2	1	13	54
Visits <i>re</i> midwives ...	1,193	778	785	697	613	560	615	796	625	560
Visits <i>re</i> schools ...	237	275	298	273	234	321	277	491	596	569
Visits to school children	2,643	2,197	2,169	3,319	3,034	4,061	1,129	756	900	870
Visits to shops and factories ...	40	47	211	228	302	312	370	229	209	410
Visits to nursing homes	9	4	14	8	3	4	139	88	92	114
Visits <i>re</i> verminous persons ...	—	—	—	—	—	—	1	5	10	44
Visits <i>re</i> dental treatment ...	165	143	108	145	109	88	72	94	130	189
House-to-house visitations ...	6,730	6,280	7,089	7,566	7,634	8,386	7,700	7,312	6,350	5,884
Visits <i>re</i> venereal disease	660	1,147	1,885	3,671	5,769	7,172	7,236	7,169	7,808	8,876
Visits <i>re</i> prospective foster-mothers ...	—	17	15	20	25	42	39	51	21	45
Visits to orthopaedic cases ...	980	1,832	2,183	2,229	2,053	2,774	2,913	3,588	3,502	3,341
Other visits ...	464	463	379	287	240	248	393	732	1,157	1,023
Visits by Social Welfare Investigator ...	3,135	2,262	1,904	2,409	1,954	2,286	2,294	2,630	2,114	1,515
Total visits ...	147,832	142,105	137,075	142,419	131,234	137,192	131,282	128,165	122,064	116,417
Complaints referred to Chief Health Inspector	3	—	7	10	16	32	31	43	21	19

PRE-NATAL CLINICS.

Pre-natal clinics are conducted at all the larger centres and work in close co-operation with the public maternity hospitals, which fall either under the Provincial Hospitals Administration or charitable organizations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration maternity hospitals limit admission as far as possible to primiparae, abnormal confinements, women who have had five or more pregnancies, and those whose bad socio-economic status preclude confinement at home. Women attending the ante-natal clinics are referred to one of the maternity homes, when hospital confinement is considered advisable for one of the above reasons.

During the year, 6,651 cases were attended by private midwives in their own homes, and many of these cases attended the welfare centres for ante-natal care.

During the year 21 pre-natal sessions were held weekly and 13 fortnightly, at which there were 7,608 new cases. The total attendances numbered 29,607, the details of which are shown in the table on page 25.

The number of new cases attending the municipal pre-natal clinics amounted to 50 per cent. of the number of registered live births (2 per cent. European and 66 per cent. non-European).

Pre-natal clinics in addition to the above are also held at the Peninsula Maternity Hospital, Somerset Hospital, Mowbray Maternity Hospital, St. Monica's Home and the Salvation Army Homes.

Midwives working within the municipal area are supervised by the supervisor of midwifery, and are encouraged to come to the pre-natal centre with their patients to see the doctor.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table:—

Centre.	1956	1954-55	1953-54	1952-53	1951-52
Shortmarket Street	631	449	486	673	696
Aspeling Street	2,896	2,212	2,144	2,497	2,515
Bloemhof	628	544	512	504	500
Woodstock	2,552	2,586	2,410	2,136	2,302
Maitland	235	1,575	1,558	1,631	1,355
Brooklyn	39	—	—	—	—
Windermere (6th Avenue)	6,685	—	—	—	—
Windermere (8th Avenue)	—	3,916	3,948	4,423	4,309
Langa	1,645	1,453	1,435	1,284	1,102
Athlone	3,226	2,936	3,111	3,185	3,394
Bokmakirie	2,763	2,263	1,978	2,320	1,967
Claremont (Station Road)	1,388	1,393	1,283	1,304	1,575
Claremont (Wesley Street)	344	252	387	434	508
Lansdowne	1,096	1,072	1,020	1,023	1,116
Wynberg	1,234	1,146	1,242	1,245	1,346
Parkwood and Southfield	108	252	292	250	270
Retreat	3,825	3,274	3,356	3,283	2,967
Steenberg	213	202	284	310	304
Kalk Bay	99	34	66	41	44
Totals	29,607	25,559	25,512	26,543	26,270

POST-NATAL CLINICS.

Fortnightly sessions are held at seven of the child welfare centres in co-operation with the South African Council for Maternal and Family Welfare.

At these clinics each woman receives a routine post-natal examination and any abnormalities found are treated or, if necessary, referred to a gynaecological department of a general hospital.

Instruction in family spacing and limitation is also given when this is deemed advisable for socio-medical reasons.

During the year there were 893 new cases (128 European and 765 non-European) and a total attendance of 3,936 (619 European and 3,317 non-European).

NOTIFICATION OF BIRTHS.

The regulations re: Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of all births in the municipality within twenty-four hours. This notification is done in practically all cases by the matron of the nursing home or the midwife attending the case.

Births are required, by act of Parliament, to be registered with the Registrar of Births by the father of the child, or some responsible person present at the time of birth, or within 28 days of its occurrence.

Vital statistics are based on the registered births.

It has recently been noticed that there was a considerable discrepancy between the number of births notified (by nursing homes and midwives) and the number registered. Such a shortfall in the number of registered births affects very materially the accuracy of the vital statistics. The necessary approach has been made to the Registrar of Births and Deaths so as to ensure fuller registration of births throughout the City.

During the year 1956 the number of births and stillbirths notified (including births to mothers who were non-Cape Town residents) was 19,965, as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases) 6,687

Notified by doctors 919

Notified by institutions (extern or intern)... .. 12,359

There were 159 births notified in Langa Native Township.

The births and stillbirths notified as having taken place in the municipality during the year are further classified hereunder.

<i>Attended.</i>	<i>Births.</i>	<i>Percentage.</i>
In private houses:		
By private doctors	919	4·6
By private midwives:		
Certificated	5,900	29·6
Uncertificated	751	3·8
By public midwives or midwife students	1,567	7·8
No doctor or midwife	23	0·1
No information	13	0·1
	9,173	46·0
In institutions:		
Public institutions	5,552	27·8
Private nursing homes	5,240	26·2
	10,792	54·0

Of these births 3,155 were non-residents.

A comparison of the extern births attended by certificated private midwives in proportion to those attended by uncertificated women is interesting. In the year 1930-31, 80 per cent. of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage is 11·3.

The public institutions in which most confinements have taken place are the Peninsula Maternity Hospital, Somerset Hospital, the Booth Memorial Hospital, St. Monica's Home, Mowbray Maternity Hospital and the Salvation Army Non-European Maternity Centre. Public extern midwifery is done from the Peninsula Maternity Hospital, the Booth Memorial Hospital, St. Monica's Home and Somerset Hospital.

SUPERVISION OF MIDWIFERY.

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under section 18(b) of the Public Health (Amendment) Act No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

- (1) 105 private midwives, of whom 100 are trained and 5 untrained. No untrained midwives are now allowed to start practice, but the few remaining on the register are still permitted to continue.
- (2) Provincial District Midwives working in Kensington, Athlone and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools, doing district work in the vicinity of the training schools and in two outlying areas, Windermere (Somerset Hospital District) and Claremont (Peninsula Maternity Hospital District).
- (4) The midwives employed at the Grassy Park Health Centre provide a district service for the neighbouring area of Parkwood Estate.
- (5) In Langa Native Township there are two African midwives employed by the Health Department.

In indigent cases delivered on district in areas not served by Provincial district midwives or midwives from the training schools, private midwives are paid by the Department for midwifery service, after the case has been investigated and approved by the Medical Officer of Health.

Assisted Midwifery.

An amount of £190 15s. 0d. was paid to private midwives during the year. Fees to medical practitioners called in by midwives to indigent cases of obstetrical emergencies amounted to £33 15s. 3d.

Inspections.

Regular meetings for private midwives are held at the various welfare centres every quarter, when talks on midwifery are given by the departmental medical officers, and when the supervisor of midwives inspects the midwives' records and equipment. At these sessions the midwives are also encouraged to discuss their problems with the doctors.

The midwives receive regular visits from the supervisor of midwives in their homes. The extent of her work is indicated by the following figures:—

Midwives interviewed at office	...	...	...	...	...	56
Number of visits paid by supervisor to midwives in their own homes						1,016
Inspections held during 1956	...	...	...	...	...	18
Attendances of midwives at inspections	...	...	...	...	...	184
Total visits paid by supervisor	...	...	...	...	...	1,786

During the year 1956, two midwives withdrew their names from the Register in preference to facing disciplinary enquiries. One midwife was suspended while receiving treatment for tuberculosis. Seven midwives were interviewed at head office and reprimanded for various reasons.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch, and are admitted to the City Hospital where necessary.

The cases of puerperal fever reported in the year 1956, corrected for imported cases and misdiagnosis, numbered 16 (1 European and 15 non-European). There were no deaths in the city area. (The four deaths shown in the table on page 21 were all due to septic abortion and not to puerperal sepsis.) A death of a non-European from this cause from outside the city was registered.

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 22.

Attendances at Confinement.

Ten of the notified cases were confined at home, four in hospitals and two followed miscarriages. Of the ten at home, nine were attended in labour by midwives only and one by a doctor and midwife.

Condition of Child.

All the cases supervened upon the birth of a living child, except in the two cases following miscarriages.

Treatment.

Eight of the cases were treated in the City Hospital, the remaining cases being treated at home. There were no cases of this disease in the Langa Native Township.

OPHTHALMIA NEONATORUM AND GONORRHEAL OPHTHALMIA.

For the purpose of notification, ophthalmia neonatorum is taken to mean a purulent inflammation of the eyes of an infant occurring within twenty-one days after birth, whether it be due to infection with the gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

The number of cases of these diseases in the year, corrected for imported cases and misdiagnosis, was 330 (11 European and 319 non-European).

Of these 330 cases, 119 were born in institutions and 210 at home. Of the 210 home confinements 6 were recorded as having been attended by doctors and 192 by midwives, 5 were unattended and 7 were untraced.

All cases except those under treatment by private or hospital medical practitioners are seen and treated by the clinic medical officers. Every case is kept under observation by the health visitors in order to secure efficient treatment.

It is to be recorded that the health visitors reported 172 of the cases as "slight" and 102 as "moderate" or "grave", 55 no statement.
Of the grave cases 26 were found to be due to the gonococcus.
In addition to the above figures, 2 cases of ophthalmia neonatorum occurred at the Langa Native Township.
Efforts were made to see all children after the completion of treatment, and with the exception of 18 cases which were lost sight of, all cases recovered completely.

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION.

Two immunizing teams, each consisting of a medical officer, health visitor and an assistant, conduct 10 immunizing sessions per week throughout the year—at clinics, institutions and schools.
A card is sent to all parents whose infants have reached the age of 6 months, advising immunization by their private doctor or at the nearest clinic.
Infants and children under 6 years of age who have not had whooping cough received the combined whooping cough and diphtheria vaccine, while the school entrants, older children in institutions and children who have had whooping cough, receive the diphtheria vaccine only.
A booster injection is given one year after the initial immunizing, and a further injection against diphtheria only, to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:—

Number of sessions:								
At schools	...	...	...	...	...	...	...	93
At institutions	...	...	...	...	...	...	...	31
At child welfare centres	...	...	...	...	...	...	...	260
								384

Total persons immunized:							
<i>European.</i>			<i>Non-European.</i>			<i>All Races.</i>	
4,433			17,356			21,789	
Number of injections given:							
S.A. Combined Whooping Cough/Diphtheria Vaccine						...	15,126
Alum Precipitated Diphtheria Toxoid						... ..	28,897
Dissolved Floccules (Diphtheria)						... ..	182
						Total	44,205

POLIOMYELITIS IMMUNIZATION.

During the latter half of 1956, poliomyelitis immunization was carried out as the vaccine became available. The programme was limited to the age groups from 1 year to 6 years, 6 years to 10 years and 10 years to 12 years, of those children whose parents had applied to the Department for the service. Up to the present the response has not been very marked.
Number of children immunized:
European ... 987
Non-European ... 466
These children all received their 1st and 2nd injections and will receive a booster injection as soon as sufficient material becomes available. It is hoped that next year, when vaccine comes into easier supply, this service will be markedly expanded.

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are organized in the Maternal and Child Welfare Branch and held during the term at certain of the City Council welfare centres.
General sessions, with a medical officer in attendance, are held weekly at Woodstock and Aspelung Street (Cape Town), and fortnightly at Maitland, Windermere, Claremont, Athlone, Wynberg and Shortmarket Street (Cape Town).
Children suffering from the effects of malnutrition and debility following an illness are sent to convalescent homes.
Cases requiring specialized attention are referred to the appropriate out-patients department of a general hospital or to a child guidance or mental hygiene clinic.
Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.
Ophthalmic clinics with a specialist in attendance are held three times a week at the Woodstock centre.
Spectacles are supplied by a local firm of opticians at reduced rates, but the charges may be borne wholly or partly by the Department in the case of indigence.
An ear, nose and throat specialist is in attendance at the Woodstock centre once a week.
Two health visitors are employed in this school section.

The work done during the year is shown in the table on page 24 and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.			Ear, nose and throat clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases	357	784	1,141	210	3,709	3,919	63	347	410
Total attendances	846	2,034	2,880	625	11,596	12,221	97	456	553
Number of sessions held	—	—	120	—	—	185	—	—	38
Children fitted with spectacles:									
Full-paying	75	101	176						
Part-paying	76	381	457						
Free	39	43	82						

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

This section of the Child Welfare Branch is responsible for the care of all children under 6 years of age living within the municipal area who are suffering from orthopaedic defects but are not in hospital. The Department employs one orthopaedic health visitor, who, in close co-operation with the orthopaedic nurses employed by the Provincial Administration, divides her time between domiciliary visiting and clinics.

The following figures give an indication of the work done:—

Number of children on the books of the health visitor on the 31st December, 1956:

European	...	...	...	...	...	...	...	...	45
Coloured	...	...	...	...	...	...	...	...	239
Native	...	...	...	...	...	...	...	...	36
									320

Cause of Disablement.

Surgical tuberculosis	...	...	...	...	...	...	...	...	36
Poliomyelitis	...	...	...	...	...	...	...	...	66
Cerebral palsy	...	...	...	...	...	...	...	...	13
Congenital deformities	...	...	...	...	...	...	...	...	86
Rickets	...	...	...	...	...	...	...	...	66
Flat feet	...	...	...	...	...	...	...	...	32
Erbs palsy	...	...	...	...	...	...	...	...	7
Arthritis (septic)	...	...	...	...	...	...	...	...	3
Post meningal paralysis	...	...	...	...	...	...	...	...	11
									320

Children admitted to hospital	...	...	...	...	...	...	...	...	38
Children in hospital (under 6)	...	...	...	...	...	...	...	...	23
Children discharged from hospital	...	...	...	...	...	...	...	...	35
Children referred to the Provincial Administration sisters on reaching the age of 6 years	...	...	...	...	...	...	...	...	14
Recoveries	...	...	...	...	...	...	...	...	76
Deaths	...	...	...	...	...	...	...	...	2
Children moved out of the municipal area	...	...	...	...	...	...	...	...	8
House visits made	...	...	...	...	...	...	...	...	1,157

Clinics.

Clinics held with an orthopaedic surgeon in attendance are also attended by two orthopaedic sisters from the Provincial Administration, and the orthopaedic technician from the workshops, an orthopaedic social worker from the Cripple Care Association and a clinic clerk from the Provincial Administration.

Surgeons clinics held	...	...	...	...	...	...	...	...	31
Sister clinics held	...	...	...	...	...	...	...	...	132
									163
Attendances at surgeons clinics	...	...	...	...	...	...	...	...	1,008
Attendances at sisters clinics	...	...	...	...	...	...	...	...	3,718
									4,726

DAY NURSERIES AND NURSERY SCHOOLS.

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster-mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child, providing, as they do, proper care in hygienic surroundings in addition to forming constructive social and educational backgrounds. They are run by various private charitable organizations and the Child Welfare Branch of the City Health Department. The latter maintains three nursery schools, one with crèche attached, and a day nursery at Langa Native Township.

All private nursery schools and crèches must be registered by the Social Welfare Department and, with a view to assisting this body, a municipal health visitor visits them and reports on the suitability or otherwise of the premises in question.

MUNICIPAL NURSERIES AND NURSERY SCHOOLS.

A European nursery school teacher supervises the running of all the nurseries and nursery schools. Six junior nursery school teachers trained at the Athlone Training Centre for non-European nursery school teachers work at the various nursery schools.

The Bokmakirie Crèche and Nursery School. This nursery school serves the Council's housing schemes in Kew Town and Bokmakirie and has accommodation for 80 children under school age, 20 being babies between 3 months and 2 years, and 60 being between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m. and meals are provided. It is staffed by a crèche superintendent, three non-European junior nursery school teachers and three helpers.

Bloemhof Nursery School. This school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street, Cape Town. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a European nursery school teacher and a non-European junior nursery school teacher. The nursery is open from 8 a.m. to 5 p.m., and mid-day dinner is provided.

Shelley Street Nursery School. This nursery school is situated in the centre of a busy factory area in Salt River and is very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-European junior nursery school teachers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

Langa Day Nursery. In August, 1952, a day nursery was opened in the Langa Native Township for 20 infants and 40 children between the ages of 2 and 6 years. There are two trained African nurses, 3 adult helpers and 2 juvenile helpers.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Shelley St.	Bloemhof.	Bokmakirie.	Langa.
New entrants	28	35	38	72
Mean total on register	50	45	75	70
Daily sessions	213	213	213	238
Mean attendances per session	43	41	62	53
Total attendances	9,218	8,652	13,169	12,617

A resident nursery for the infants of tuberculous non-European women is run in a cottage in the municipal housing scheme in Kew Town. The infants are admitted as soon after birth as possible to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for a maximum of seven infants with a non-European house-mother in charge. They are vaccinated with B.C.G., which is from time to time imported in small quantities from Denmark, and remain in the home for some months until the mothers are in a fit condition to care for them or some other suitable arrangements can be made.

PROTECTED INFANTS.

Children under 10 years of age who are maintained apart from their parents or close relatives and are living with foster-parents have by law to be registered by the foster-mother with the Commissioner of Child Welfare of the district. Infant protection visitors are appointed by the Commissioner to visit and report at regular intervals, so that the interests of the children are safeguarded.

In Cape Town the Commissioner of Child Welfare has appointed the health visitors of the Child Welfare Branch to act as infant protection visitors for children under school age.

The practice of placing children with foster-mothers is very common in Cape Town, principally among non-Europeans.

Many of these foster-mothers look well after the children and receive regular payment. When, however, the parents of the foster-child are unmarried, payments tend to become irregular or cease altogether after a few months and the parents frequently disappear. Furthermore, infants are sometimes placed with unsuitable foster-parents whose home surroundings are bad, or who neglect the infants.

All such social problems as might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster-mother prove unsuitable, arrangements are made for the removal of that child to some more suitable person.

The number of protected infants registered in the year was as follows:—

Cape Town Magisterial District	...	...	...	...	...	136
Wynberg Magisterial District	...	...	...	...	...	196
						<u>332</u>

The total number of visits made by health visitors during the year to protected infants was 2,670.

ADOPTION OF CHILDREN.

Any person who is desirous of adopting a child in Cape Town usually applies in the first instance to the Adoption Committee of the Society for the Protection of Child Life or the A.C.V.V. Similarly, anyone who wishes to have a child adopted is referred to the Secretary of one of these Adoption Committees. Where an adoption is to be arranged, this Committee acts in an advisory capacity to the Commissioner of Child Welfare, who is responsible for authorising legal adoption under the Children's Act.

Adoptive parents and the children concerned are usually, for a period, kept under supervision so as to ascertain whether the adoption is satisfactory before being made final. The list of proposed adoptions is referred to the maternal and child welfare officer, who advises on the suitability and health of the persons concerned.

During the current year the following number of infants were placed with adoptive parents on probation:—

Europeans	...	...	...	...	...	...	...	...	42
Non-Europeans	...	...	...	...	...	...	...	...	77
									<u>119</u>

SOCIAL WELFARE WORK.

The Social Welfare Investigator is available for interviews each morning and in the afternoons she visits private homes, institutions and maternity homes in connection with cases.

Much of the social work refers to the problems of the unmarried mother, both during her pregnancy and subsequent to the birth of her baby.

Very frequently requests for advice and help from expectant mothers and mothers of small children is made in connection with support from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

The placing of babies whose mothers have died or are ill and have to remain in hospital for long periods often presents great difficulty. Apart from the Sunshine Home at Bellville and the small Council Foster Home, the only alternative is for the relations to make the necessary private arrangements.

As required by the Girls' and Mentally Defective Women's Protection Act, 1916, all cases of unmarried mothers under the age of 16 are investigated carefully and reported. During 1956 there were 193 cases (8 European, 159 Coloured and 26 African).

The Social Welfare Investigator also visits rescue homes in an advisory capacity and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.

SECTION IV. DENTAL BRANCH.

DR. S. WINER: PRINCIPAL DENTAL OFFICER.

The provision of a Public Health Dental organization is for a variety of reasons not always appreciated by the population for which it is designed, amongst which are misconceptions regarding the very great advantages of retaining the full dentition.

In addition, owing to the lack of training in infancy and irresponsibility on the part of parents, dental hygiene amongst large sections of the population is neglected and the first indication to the parents of an abnormal dental condition is the onset of acute pain and more often than not a wakeful night for the whole family. By this time the only treatment sought and usually the only treatment possible is the removal of the offending teeth, together with others which may also be in an equally bad state.

The only satisfaction one has with this type of treatment is its non-recurrence.

It is an interesting and sad commentary that while four-fifths of the total attendances are non-Europeans, three-quarters of the attendances for conservative treatment are made by the Europeans.

Among this former group is much misunderstanding and misinformation, most of which is based on ignorance, about conservative treatment and any explanation of its benefits appears to be entirely unacceptable.

Where the home circumstances are not conducive to the application of hygienic practices, the only influence likely to have any permanent effect is school instruction. It is indeed surprising what good influence teachers can exert on young minds.

From the point of view of promoting general health, the eradication of sepsis by the removal of septic foci is of prime importance, but the early removal of teeth produces amongst other evils irregular dentition with its sequelae, lack of development of the jaws and digestive troubles due to the lack of adequate masticatory efficiency.

The attitude of a large section of the community towards this problem is that as the loss of the dentition is inevitable, any time spent on conservation or improvement is wasted. The result of these conditions is that a large number of mouths are rendered edentulous at a comparatively early age and the provision of dentures becomes a necessity. This statement accounts for the high proportion of patients attending for the extraction of teeth.

Among the pre-school and school children, efforts are made, with fairly good results, to encourage a conservative outlook, but even here opposition and indifference on the part of parents is often encountered.

To a large extent the causes of dental caries are known, and preventive and prophylactic measures can, to an appreciable degree, counteract these unfavourable factors. When, however, it is considered that their application entails the relinquishment of fine flour products such as white bread, biscuits and cakes, high sugar foods such as toffees, chocolates and other sticky confections, it can be realised that the problem is not an easy one.

Among the poorer sections of the community faulty feeding habits and lack of essential food factors are considered contributory factors towards poor development of dental tissues and an increased susceptibility to disease.

Under the scheme of dental treatment administered by the City Council through its Health Department, provision is made for all aspects of dental treatment for all age groups of the underprivileged.

The table at the end of this section indicates the scope of the services rendered.

Of the list of centres where treatment is given, those at Hope Street, Aspeling Street, Woodstock, Athlone, Lansdowne, Wynberg, infectious diseases hospitals at Portwood Road and Brooklyn, the Langa Hospital and T.B. Clinic in Chapel Street are municipal institutions. The remainder are controlled by Government, Provincial or Divisional Council authorities.

A new branch clinic at Norfolk Street, Maitland, has just been completed and will serve the large non-European and European population of Ward 8 as well as certain portions of Ward 7 (Salt River).

SECTION V. INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 86 to 88 classified by race and:—

(Table N) in months according to date of notification.

(Table O) in age and sex groups.

(Table P) in wards.

Other statistical details as to deaths from infectious diseases are contained in Table A, B and C on pages 72 to 74.

No cases were reported of the following notifiable diseases: Asiatic cholera, plague, glanders, rabies, yellow fever, smallpox and lead poisoning.

Malaria was declared a notifiable disease throughout the Union by the Minister of Health as from 9th November, 1956, and the declaration promulgated in the Union Government Gazette (No. 2081) of the 9th November, 1956.

Apart from a steadily mounting incidence of poliomyelitis during 1956, the incidence of other infectious diseases gave no cause for alarm.

ENTERIC OR TYPHOID FEVER.

The number of cases suffering from this disease reported during the year 1956, corrected for misdiagnosis and imported cases, was 77 (9 European and 68 non-European), equivalent to an incidence rate of 0.15 per 1,000 population (0.05 European and 0.22 non-European). There were no deaths. During the previous year there were 87 cases and 5 deaths.

There was one case in the Langa Native Township.

In addition, there were four European cases and one non-European case notified in persons recently arrived in the city, where they could not possibly have become infected.

Two of the Cape Town cases occurred in an institution in Ward 8, the remaining cases occurred in 58 houses, in eight of which there were 2 cases, in one house 4 cases, and in one house 7 cases.

The premises where the 7 cases occurred had no water supply laid on and it is probable that river water in the close vicinity had been used for domestic purposes. Apart from these secondary cases, contact with a known and recent case of enteric was established in four instances. Another case had

DENTAL CLINICS.

Centre.		Ses- sions.	New cases.		Total attend- ances.		Extractions (persons).		Fillings (persons).		Examina- tions and other dental treatment.		Dentures supplied (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Hope Street, Cape Town	General:													
	Adults ...	1,481	942	8,273	3,394	19,722	562	6,637	294	141	2,568	13,083	268	973
	Children ...		906	2,197	2,682	3,911	735	1,874	380	78	1,633	2,030	11	8
	School children ...	537	90	92	1,895	771	170	90	1,469	610	387	103	—	—
	Total ...	2,018	1,938	10,562	7,971	24,404	1,467	8,601	2,143	829	4,588	15,216	279	981
Aspeling Street, Cape Town	Nursing and expectant mothers ...	51	—	178	—	231	—	209	—	—	—	16	—	—
	Pre-school children ...	—	4	428	5	532	5	520	—	—	—	13	—	—
	School children ...	52	—	818	—	1,731	—	1,320	—	—	—	422	—	—
	Total ...	103	4	1,424	5	2,494	5	2,049	—	—	—	451	—	—
Woodstock	Nursing and expectant mothers ...	58	—	224	—	285	—	276	—	—	—	9	—	—
	Pre-school children ...	—	15	400	29	459	22	455	—	—	1	4	—	—
	School children ...	170	294	1,442	979	2,560	512	2,236	274	6	229	329	—	—
	Total ...	228	309	2,066	1,008	3,304	534	2,967	274	6	230	342	—	—
Athlone	Nursing and expectant mothers ...	66	—	295	—	427	—	404	—	—	—	25	—	—
	Pre-school children ...	—	—	454	—	538	—	523	—	—	—	18	—	—
	School children ...	70	—	1,348	—	2,425	—	2,143	—	—	—	282	—	—
	Total ...	136	—	2,097	—	3,390	—	3,070	—	—	—	325	—	—
Wynberg	Nursing and expectant mothers ...	54	6	260	25	359	4	351	14	—	6	8	—	—
	Pre-school children ...	—	31	312	53	360	42	356	3	—	9	4	—	—
	School children ...	186	117	1,699	529	2,964	157	2,385	275	141	144	455	—	—
	Total ...	240	154	2,271	607	3,683	203	3,092	292	141	159	467	—	—
Lansdowne	School children ...	103	139	529	546	1,091	184	831	242	7	148	257	—	—
St. Joseph's Home, Philippi	In-patients	2	18	47	18	67	—	20	—	—	18	47	—	—
St. Mary's Training School		2	—	82	24	82	19	—	—	—	5	82	—	—
City Hospital	In-patients ...	8	12	122	16	141	7	95	—	—	9	46	—	—
Brooklyn Chest Hospital	In-patients ...	7	—	70	—	104	—	68	—	—	—	36	—	—
Langa Hospital	Native residents, Langa ...	51	—	566	—	1,001	—	986	—	—	—	41	—	—
Westlake Tuberculosis Hospital	In-patients ...	1	20	—	20	—	6	—	—	—	14	—	—	—
Dr. A. J. Stals Memorial Sanatorium	In-patients ...	16	—	223	3	400	3	263	—	—	—	136	—	—
Tuberculosis Clinic, Chapel Street	Out-patients ...	129	37	363	161	1,582	14	319	36	92	114	1,183	10	213
Lady Michaelis Home	In-patients ...	3	6	10	6	23	—	13	—	—	6	10	—	—
Maitland Cottage Home	In-patients ...	4	—	140	—	166	—	26	—	—	—	140	—	—
Students Clinic Retreat	Out-patients ...	26	—	499	—	577	—	439	—	—	—	7	—	—
F.O.S.A.	In-patients ...	1	—	30	—	30	—	—	—	—	—	30	—	—
	Totals ...	3,078	2,637	21,019	10,385	42,457	2,442	22,839	2,987	1,075	5,261	18,816	289	1,194

attended a camp in the country where the usual communal sanitary facilities were available. Two cases claimed contact with a former carrier known to the Department, but the carrier state could not be re-established.

74 of the Cape Town cases were admitted to the City Hospital, 2 remained in the institution where they were inmates, and the remaining case was found to be dead on receipt of notification, but the death registration was not traced locally.

In addition there were 111 (11 European and 100 non-European) cases from outside the city area treated in the City Hospital.

Reference to Tables N to P on pages 86 to 88 will demonstrate the notifications in months, age-groups and wards of the city. Other particulars will be found in the table on page 35.

Enteric Carriers. Two adult carriers were discovered in the course of departmental investigations into notifications of enteric, one of whom was treated in the City Hospital and the other remained at home under surveillance. In addition, one adult carrier from outside the city was admitted to the City Hospital.

Paratyphoid. A Native male adult admitted to the City Hospital from outside the city area as a case of meningitis was later diagnosed as suffering from paratyphoid B.

DIPHTHERIA.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 49 (11 European and 38 non-European), equivalent to an incidence rate of 0·10 per 1,000 population (0·06 European and 0·12 non-European). During the previous year 113 cases were reported (32 European and 81 non-European).

Of the 49 cases reported in 1956, 4 proved fatal, all non-Europeans, aged 16 months, 2 years, 3 years and 4 years respectively, but only 3 of the deaths were registered within the year under consideration, yielding a death rate of 0·006 for the city and 0·01 for non-Europeans only. There is no record of any of these cases having been immunized.

The number of cases is considerably below the previous year, the 11 European cases being the lowest on record and the non-European cases well below the average. It can now be assumed that the higher incidence during the previous year was transient. The death rates have also satisfactorily declined.

There were two European cases in an institution in Ward 8. Two cases occurred in one house in Ward 15 and the remaining cases were all in different houses.

All the cases were treated in the City Hospital except one fatal case in Groote Schuur Hospital which died on the day of admission.

Excluded from above figures are 107 cases from outside the city treated at the City Hospital, of whom 2 Europeans and 10 non-Europeans died.

There were 2 cases in the Langa Native Township.

Of the 39 cases under 10 years of age, 6 had received immunizing injections at the municipal clinics. The record of the Department's work in the field of immunization is given below:—

Year.	Number of Notifications.			Persons Immunized.		
	Eur.	Non-Eur.	All Races.	Eur.	Non-Eur.	All Races.
1938-39 ...	537	233	770	3,202	2,806	6,008
1939-40 ...	286	130	416	2,541	2,421	4,962
1940-41 ...	204	89	293	1,770	3,086	4,856
1941-42 ...	195	138	333	2,038	2,941	4,979
1942-43 ...	160	135	295	3,398	3,814	7,212
1943-44 ...	175	110	285	3,206	4,828	8,034
1944-45 ...	89	89	178	2,517	8,465	10,982
1945-46 ...	91	84	175	2,347	7,488	9,835
1946-47 ...	51	56	107	3,214	8,217	11,431
1947-48 ...	64	73	137	3,515	8,227	11,742
1948-49 ...	33	60	93	2,989	11,038	14,027
1949-50 ...	60	62	122	3,298	10,256	13,554
1950-51 ...	41	60	101	2,375	10,514	12,889
1951-52 ...	34	34	68	2,588	9,439	12,027
1952-53 ...	33	47	80	3,750	13,010	16,760
1953-54 ...	28	40	68	3,441	14,636	18,077
1954-55 ...	32	81	113	4,162	17,955	22,117
1956 ...	11	38	49	4,433	17,356	21,789

Particulars regarding diphtheria immunization during the year ended 31st December, 1956, will be found on page 29.

Other particulars will be found in the table on page 35 and in Tables N to P on pages 86 to 88.

Diphtheria carriers. There were 11 male and 15 female non-European carriers notified, all children under 9 years of age. There were 4 nasal and 19 aural carriers. 23 of the carriers were treated at the City Hospital and 3 could not be traced.

SCARLET FEVER.

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 110 (93 European and 17 non-European), equivalent to an incidence rate of 0·2 per 1,000 population (0·48 European and 0·05 non-European). There were no deaths from this disease during the year.

No cases occurred in the Langa Native Township. There were 181 cases in the previous year, and the 110 cases in the present period is the lowest since 1939.

The 110 Cape Town cases occurred in 101 houses, in 94 of which there was one case each and in 8 houses two cases each. 97 of the cases were treated at the City Hospital and 12 were nursed at home under satisfactory conditions of isolation. One of the cases of this disease was a nurse at the City Hospital.

In addition to the above figures, there were 2 cases who had contracted the disease prior to arrival in Cape Town, and 33 cases admitted to the City Hospital direct from outside the city area.

CORRECTED NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER,
DIPHTHERIA AND SCARLET FEVER.

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15 ...	3.13	2.89	0.26	0.30	1.94	0.82	0.20	0.29	0.98	0.13	0.03	—
1915-16 ...	1.96	1.73	0.01	0.37	2.27	0.67	0.20	0.25	1.54	0.10	—	—
1916-17 ...	1.90	1.92	0.16	0.41	1.91	0.53	0.12	0.17	0.60	0.05	—	—
1917-18 ...	1.55	1.58	0.13	0.40	1.20	0.41	0.08	0.14	1.09	0.17	—	—
1918-19 ...	2.20	2.40	0.19	0.42	1.22	0.31	0.03	0.13	1.65	0.23	—	—
1919-20 ...	2.60	2.50	0.22	0.52	1.30	0.45	0.08	0.15	2.84	0.29	0.03	—
1920-21 ...	3.46	3.78	0.37	0.56	0.75	0.29	0.05	0.04	2.25	0.18	0.02	—
1921-22 ...	1.98	2.48	0.20	0.50	0.86	0.22	0.08	0.07	0.94	0.11	—	—
1922-23 ...	1.71	1.64	0.21	0.31	1.15	0.28	0.10	0.06	0.45	0.06	—	—
1923-24 ...	1.12	1.04	0.11	0.23	1.51	0.55	0.08	0.12	0.24	0.03	—	—
1924-25 ...	0.72	1.02	0.07	0.21	1.90	0.45	0.15	0.09	0.46	0.01	—	—
1925-26 ...	0.78	1.05	0.07	0.18	1.60	0.48	0.07	0.12	1.15	0.08	—	0.01
1926-27 ...	1.02	1.26	0.13	0.28	1.62	0.89	0.10	0.16	1.07	0.11	—	—
1927-28 ...	0.84	1.19	0.08	0.22	1.25	0.54	0.08	0.11	1.76	0.05	0.02	—
1928-29 ...	0.76	0.86	0.10	0.22	1.23	0.60	0.10	0.13	1.17	0.08	—	0.01
1929-30 ...	0.65	0.79	0.06	0.14	1.23	0.45	0.10	0.09	1.93	0.16	0.01	0.01
1930-31 ...	0.71	0.84	0.06	0.19	1.38	0.76	0.06	0.09	3.11	0.32	0.01	—
1931-32 ...	0.51	0.78	0.09	0.19	0.86	0.53	0.05	0.09	0.87	0.14	—	—
1932-33 ...	0.21	0.23	0.02	0.04	1.00	0.57	0.06	0.05	0.85	0.14	—	—
1933-34 ...	0.36	0.36	0.01	0.05	1.33	0.80	0.04	0.08	0.71	0.07	—	—
1935-35 ...	0.22	0.36	0.04	0.07	1.61	1.00	0.06	0.14	1.55	0.10	0.01	—
1935-36 ...	0.20	0.31	0.02	0.04	1.25	0.88	0.07	0.12	3.95	0.24	0.02	0.01
1936-37 ...	0.22	0.67	0.01	0.09	1.45	0.83	0.01	0.08	2.98	0.20	0.02	0.01
1937-38 ...	0.37	0.28	0.03	0.05	2.20	1.73	0.12	0.23	0.72	0.09	0.01	—
1938-39 ...	0.09	0.25	0.01	0.03	3.36	1.55	0.12	0.31	0.51	0.05	—	—
1939-40 ...	0.22	0.22	0.01	0.02	1.75	0.84	0.03	0.12	0.76	0.07	—	—
1940-41 ...	0.07	0.16	0.01	0.06	1.21	0.56	0.04	0.05	1.30	0.11	—	—
1941-42 ...	0.23	0.45	0.01	0.07	1.22	0.85	0.04	0.10	1.67	0.06	0.01	—
1942-43 ...	0.55	0.41	0.02	0.08	0.98	0.81	0.06	0.09	0.94	0.04	—	—
1943-44 ...	0.10	0.32	0.02	0.04	1.03	0.61	0.02	0.09	0.91	0.04	0.01	—
1944-45 ...	0.12	0.42	0.02	0.09	0.51	0.48	0.03	0.07	0.82	0.09	0.01	0.01
1945-46 ...	0.12	0.45	0.02	0.06	0.15	0.44	0.01	0.06	1.80	0.22	—	0.01
1946-47 ...	0.13	0.73	0.03	0.12	0.28	0.29	0.01	0.03	1.36	0.10	—	—
1947-48 ...	0.19	0.33	0.03	0.04	0.34	0.36	0.02	0.03	0.81	0.12	—	0.01
1948-49 ...	0.07	0.20	0.01	0.04	0.17	0.29	0.02	0.02	0.97	0.12	—	—
1949-50 ...	0.08	0.14	—	0.03	0.30	0.29	0.02	0.05	1.17	0.13	—	—
1950-51 ...	0.05	0.15	—	0.02	0.22	0.25	—	0.04	1.12	0.20	—	—
1951-52 ...	0.12	0.23	—	0.01	0.18	0.14	0.01	0.00	0.94	0.10	—	0.00
1952-53 ...	0.07	0.23	—	0.01	0.17	0.18	0.02	0.02	1.12	0.09	—	—
1953-54 ...	0.07	0.32	—	0.01	0.15	0.15	—	—	0.93	0.09	—	—
1954-55 ...	0.06	0.26	—	0.02	0.17	0.28	0.01	0.03	0.70	0.17	—	—
1956 ...	0.05	0.22	—	—	0.06	0.12	—	0.01	0.48	0.05	—	—

CEREBROSPINAL FEVER.

During the year there were 48 Cape Town cases (12 European and 36 non-European) notified, equivalent to an incidence rate of 0.10 per 1,000 population (0.06 European and 0.12 non-European). In the previous year 73 cases were notified—19 European and 54 non-European. There were 6 deaths (2 European and 4 non-European), equivalent to a death rate of 0.01 per 1,000 population (0.01 European and 0.01 non-European).

Three cases occurred in the Langa Native Township.

Of the 48 Cape Town cases, 43 were treated in the City Hospital, one in the Military Hospital, one in the Red Cross Children's Hospital and three were notified after death. Seven of these Cape Town cases died, but one was registered outside the period under review.

In addition there were 65 cases (7 deaths) from outside the city area admitted to the City Hospital. Other particulars will be found in the table below and in tables N to P on pages 86 to 88.

ACUTE ANTERIOR POLIOMYELITIS.

Like many other large cities in the Union Cape Town was faced during the year under review with a marked increase in the number of cases of acute paralytic poliomyelitis. In all 127 cases of the disease were notified, of which 39 were European and 88 non-European. From a very quiet beginning in January, February and March, a period when the incidence of poliomyelitis in Cape Town usually shows an increase, cases were steadily notified over the winter months. In April, 9 notifications were received; in May the tally was 12; in June it had risen to 13; in July, 3; in August, 10, and in September, 12. These months in previous years have always been ones when poliomyelitis was conspicuous by its absence. The fact that we were experiencing a very markedly increased incidence of this disease over the winter months indicated in no small measure the fact that an epidemic was probably on the way. Such, unfortunately, was only too unhappily realized.

Certain interesting features of this outbreak of poliomyelitis are worthy of comment. For the first time on record the usual racial preponderance has been reversed, the non-European cases now totalling approximately twice those of the European. Such difference cannot be explained on the basis of immunization, as at this stage, owing to the general shortage of polio immunizing material, very few of any section of our child population had been vaccinated.

From May, 1956, onwards the distribution of the cases appeared to indicate that the disease was more prevalent in the Windermere, Kensington and Maitland areas. A large section of this area is one where living conditions are bad, where overcrowding is rife and which for many years has been a septic focus in so far as Cape Town is concerned. Of 12 paralytic cases notified in May, 4 were resident in this area. In July, of 3 notified cases 2 were resident in this area. In November, of 22 cases 14 were resident in this area. Many of these cases belong to the African section of the population.

It is also worth recording that an increased number of poliomyelitis cases at about this time were being sent in to the City Infectious Diseases Hospital from the Cape Divisional Council's Nyanga African location. In addition, odd cases were occurring in the City Council's Langa Native Township. It would thus appear that infection simmering amongst the African group at Windermere was steadily being disseminated to other Africans living in other parts of the Cape Peninsula. Such an eventuality is understandable, owing to the social habits and customs of this racial group.

The next area which appeared to show an increased incidence was Crawford, a contiguous suburban area of Athlone and one predominantly occupied by the Cape Coloured. Other cases were also being notified from the Athlone and Lansdowne areas and from the distribution of cases it became evident that the virus was well scattered in all these localities.

A further interesting observation on this outbreak was the age grouping. No less than 22 cases were under the age of one year; 94 were under the age of three years and 109 were under the age of five.

Typing of the virus, which was carried out by the University of Cape Town's Virological Research Unit, revealed, not unexpectedly, that the causal virus belonged to Type I. Of the total number of cases typed, only one of Type II and one of Type III were reported. As this was, for technical reasons, the first year that a reasonable number of specimens were submitted for typing, it is impossible to compare the present virus strain with that responsible for cases in previous years. We do know from reports from other parts of the world that Type I polio virus is usually implicated in epidemic outbreaks of the disease and is also responsible for high paralytic rates. It might thus be significant that the last occasion when over 50 cases of poliomyelitis were recorded was 1953/54, and although no facilities were then available for the typing of the virus, I have a shrewd suspicion that had such been available, Type I would more than likely have been implicated. On this supposition it would appear that as a result of the 1953/54 outbreak a great number of the susceptible population in Cape Town, in particular non-Europeans, were well salted and developed silent infections, and that the present epidemic was as a result limited mainly to the lower ages in this racial group. This possibly would account for the high incidence of paralytic symptoms in a section of our population who, living under overcrowded and insanitary conditions, normally develop silent infections of the disease at an early age.

INFECTIVE ENCEPHALITIS.

There were 18 Cape Town cases (1 European and 17 non-European) reported in the year, and 5 non-European deaths. Seven of the cases admitted to the City Hospital for some other disease were later diagnosed as encephalitis.

All these cases were admitted to the City Hospital except three, two of whom died at home before notification and the other at a children's hospital.

Seven cases (2 European and 5 non-European) from outside the city area were treated in the City Hospital, four of these being admitted for some other disease and later diagnosed as encephalitis.

There was one case in the Langa Native Township.

Other particulars will be found in the table below and in Tables N to P on pages 86 and 88.

CASES (CORRECTED) AND DEATHS FROM CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS, AND INFECTIVE ENCEPHALITIS.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ...	2	—	—	—	4	5	—	—				
1916-17 ...	2	—	1	—	3	1	1	2				
1917-18 ...	6	2	3	2	3	2	1	1				
1918-19 ...	3	5	—	5	2	2	2	—				
1919-20 ...	3	6	3	5	1	1	—	1				
1920-21 ...	4	1	3	1	3	1	—	—	3	1	2	1
1921-22 ...	4	1	—	—	1	1	1	1	5	—	5	—
1922-23 ...	4	5	4	2	—	1	—	1	3	1	2	1
1923-24 ...	2	3	2	3	1	—	—	—	5	4	3	4
1924-25 ...	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ...	4	21	5	19	—	—	—	—	6	10	6	7
1926-27 ...	10	39	6	29	2	—	1	—	6	5	4	5
1927-28 ...	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ...	30	101	16	59	4	1	1	—	7	5	5	3
1929-30 ...	14	48	8	27	11	6	3	1	4	3	3	—
1930-31 ...	4	18	3	15	5	5	—	2	1	4	—	3
1931-32 ...	7	35	3	21	—	—	—	—	7	2	5	2
1932-33 ...	8	22	5	15	4	4	1	2	4	4	—	1
1933-34 ...	3	17	3	17	8	3	—	—	2	—	—	—
1934-35 ...	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ...	1	9	1	10	1	3	—	—	4	3	2	4
1936-37 ...	7	11	7	9	7	2	2	—	1	3	2	1
1937-38 ...	3	15	2	5	4	2	4	—	4	4	2	1
1938-39 ...	5	33	1	17	2	9	—	—	—	2	—	1
1939-40 ...	2	24	1	7	5	11	—	—	2	3	1	—
1940-41 ...	23	45	4	8	5	4	—	1	1	5	1	3
1941-42 ...	19	47	1	4	4	3	2	2	3	1	2	—
1942-43 ...	23	80	2	13	2	—	—	—	6	3	3	2
1943-44 ...	39	222	9	36	5	1	—	—	—	2	—	—
1944-45 ...	25	80	6	18	46	18	1	1	—	1	—	1
1945-46 ...	16	58	1	12	10	4	1	2	1	—	—	—
1946-47 ...	15	31	2	6	4	3	—	—	—	5	—	1
1947-48 ...	5	33	1	9	13	13	2	—	—	—	—	—
1948-49 ...	13	49	3	7	8	11	—	—	1	1	—	1
1949-50 ...	10	39	5	13	7	9	—	—	2	2	—	1
1950-51 ...	16	55	3	13	12	8	—	—	—	2	—	2
1951-52 ...	6	51	1	6	10	2	1	—	3	2	—	—
1952-53 ...	7	40	—	10	14	13	4	—	4	4	—	1
1953-54 ...	10	49	1	4	41	25	3	—	2	2	—	1
1954-55 ...	19	54	1	5	10	19	—	—	2	2	—	1
1956 ...	12	36	2	4	39	85	—	5	1	17	—	5

ERYSIPELAS.

The number of Cape Town cases reported in the year was 13 (4 European and 9 non-European), with one non-European infant death.
Five of the cases were admitted to the City Hospital, and two to other hospitals.
There were no cases in the Langa Native Township.
Other particulars will be found in Tables N to P on pages 86 to 88.

INFLUENZA AND PNEUMONIA.

These diseases are not now notifiable in the Cape Town municipality, but deaths from influenza and from bronchitis and pneumonia, with the corresponding death rates, are set out in the following table:—

Period.	Influenza.				Bronchitis.				Pneumonia (all forms).			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Average												
1921-25 ...	8	0·07	13	0·15	37	0·35	198	2·30	88	0·84	394	4·57
1926-30 ...	20	0·16	31	0·28	36	0·29	240	2·26	82	0·66	379	3·54
1931-35 ...	18	0·12	25	0·19	32	0·23	205	1·58	81	0·57	392	3·04
1936-40 ...	21	0·13	20	0·14	28	0·18	176	1·21	75	0·48	424	2·89
1941-45 ...	10	0·06	12	0·07	22	0·13	143	0·84	64	0·39	467	2·74
1946-50 ...	4	0·03	9	0·05	18	0·09	105	0·52	56	0·30	365	1·81
1951-55 ...	5	0·03	6	0·02	16	0·08	50	0·20	52	0·27	249	0·96
1956 ...	2	0·01	1	0·00	10	0·05	40	0·13	55	0·29	262	0·85

Corrected for inward and outward transfers as from 1956.
The following figures for deaths from bronchitis and pneumonia show the contrast between Europeans and non-Europeans compared with the previous year:—

1956				1954-55			
		Non-European.				Non-European.	
		European.	Non-European.			European.	Non-European.
Under 5 years of age	...	4	218	5	229		
0-1 year	...	4	157	5	164		
1-2 years	...	-	44	-	40		
2-5 years	...	-	17	-	25		
All other ages	...	61	84	71	52		
Totals	...	65	302	76	281		

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table K, on page 83.
The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 74.

TYPHUS FEVER.

Notification was received from an institution in Natal of a case of typhus in the person of a European male child recently arrived there from the Wynberg (Ward 14) district. Investigation revealed no lice in the former residence of the patient, but in view of the prevalence of fleas and the serological findings, a diagnosis of murine typhus was more than probable.
Two other European cases of tick bite typhus from outside the municipal area were treated in the City Hospital.

LEPROSY.

Two cases of leprosy were notified from Groote Schuur Hospital out-patient department during the year: a Coloured male child who had been living in an institution in Athlone for about 15 months and a Native male adult whose recent history and movements could not be established.
An imported case in the person of a European male adult living in Crawford was also reported. He had arrived at this address some two weeks previously from the Zwartland district to seek medical advice on his condition which had developed twelve months before.
One case was reported in the Langa Native Township, a Native male adult who, though domiciled at Langa at the time of notification, had been moving around the municipal area continually and had also been on prolonged holiday in the Transvaal.
All these cases were immediately removed to Conradie Hospital.

MALTA FEVER.

A Coloured male adult residing at Athlone and employed at the Municipal Abattoir was admitted to the City Hospital as a case of typhoid, but the diagnosis was subsequently changed to brucellosis. Another case of typhoid from outside the municipal area was also diagnosed as brucellosis.

WHOOPIING COUGH.

For the period under review the number of Cape Town cases was 173 (96 European and 77 non-European), equivalent to an incidence rate of 0·34 per 1,000 population (0·5 European and 0·25 non-European).
There was one non-European death from whooping cough registered, concerning which the first and only advice received was through the death returns.
This is a very different picture compared with previous years, the number of notifications being the lowest since the disease was declared notifiable in 1950, and the solitary death the lowest on record. As in the previous year, the highest monthly total of cases occurred during November.

The 173 Cape Town cases occurred in 123 houses, in 86 of which there was one case each, in 25 houses two cases each, in 11 houses three cases each, and in one house four cases. In other words, there was spread of infection within the same household in 50 per cent. of the cases.

Thirteen of the cases were treated in the City Hospital.

The distribution of the 173 cases according to months, age groups and wards of the city will be found in Tables N to P on pages 86 to 88.

In addition to the above figures, 34 cases from outside the city area were treated in the City Hospital, and one passenger from a ship in harbour. Four of these cases proved fatal.

In the year under review, 28,897 inoculations of the S.A. Institute for Medical Research's combined whooping cough and diphtheria vaccine were given at the immunizing sessions held at the municipal child welfare centres, schools and other institutions.

The following table reveals the number of deaths from whooping cough with the corresponding rates per 1,000 population for a series of years, as well as the number of notifications and incidence rates since the disease was first made notifiable in April, 1950. It will be seen that the reduction in mortality from this disease could hardly be bettered.

Period.	Whooping cough.							
	Notifications.		Incidence rate per 1,000 population.		Deaths.		Death rate per 1,000 population.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Average.								
1916-1920					11	37	0.13	0.48
1921-1925					10	30	0.09	0.35
1926-1930					10	33	0.08	0.31
1931-1935					7	34	0.04	0.27
1936-1940					4	74	0.02	0.51
1941-1945					3	45	0.02	0.26
1946-1950					2	42	0.01	0.20
1951-1955	188	576	1.00	2.24	1	19	0.00	0.07
Year 1956	96	77	0.50	0.25	—	1	—	0.00

MALARIA FEVER.

A patient who was admitted to the City Hospital for tuberculosis was also found on admission to have malaria fever. This condition had been contracted in East Africa.

SMALLPOX.

After an interval of 10 years since the last case, smallpox made its appearance in Cape Town during December, 1955. The disease was diagnosed in a European male adult living in Rondebosch. He was immediately removed to the isolation block at Brooklyn Chest Hospital. Three intimate contacts who did not obey the quarantine rules at home were also isolated. Enquiries revealed that the patient had been ill for some eight days with frontal headache and body pains. On 30th November he collapsed at work and was brought home with high fever, sore throat and hoarseness of his voice. A macular rash first appeared on the face and by next day had extended to the body and limbs. On 3rd December the patient, a keen motor cyclist, feeling somewhat better, decided to look up friends, with the result that no less than 89 contacts in the municipal area alone were exposed to infection. His improvement was not maintained; on 5th December the rash became vesicular, and on 6th December, when smallpox was diagnosed, he was in a very infectious condition. The patient claimed he had never been vaccinated.

In view of the fact that the youth was employed at a factory, had freely, in an infectious state, used public transport, visited restaurants, and had come in contact with a very considerable number of friends and relatives, it appeared quite obvious that extreme difficulty would be experienced by the Department in preventing the spread of infection.

As an initial step, approximately 1,350 employees at the factory where the patient had been employed, as well as the staff and patients at the Brooklyn Chest Hospital, were vaccinated. In collaboration with the Cape Divisional Council's Health Department a check on all the patient's movements was undertaken and all contacts vaccinated. In addition a press appeal was made to all persons who had not been vaccinated within the previous three years to approach their own private practitioners or any of the municipal vaccination centres to have the procedure carried out.

On 12th December two further European cases, also in Rondebosch, were diagnosed as cases of smallpox. No obvious contact with the previous case could be established. The history obtained was that a rash had appeared three to four weeks previously, and at the time of examination typical centrifugal rash, in the scabbing stage, with many scars and lesions were still present. These two cases were obviously of longer standing than the first case reported. Further enquiries now revealed that another member of the family who had arrived at Goodwood in the Cape Divisional Council area on 12th October from Kitwe, Northern Rhodesia, had on the 20th October (i.e. 8 days later) taken ill with headache, rigors, pyrexia, but no rash. Cases of smallpox had been occurring at Kitwe and this individual and her two children were vaccinated by a nurse prior to her departure for the Union. The two children took well, but the mother revealed no sign of a take, although this for her was a primary vaccination. As her condition worsened, she moved to her mother at Rondebosch, Cape Town, where she remained until 6th November. During all this time smallpox was not even suspected.

Two school-going children, both members of this Rondebosch household, were examined on 13th December at a camp in the country. Scarring of the body and limbs was observed which was considered by their doctor to have been due to a recent attack of "chicken pox" from which these individuals had just recovered.

The source of infection was now only too clear—the introduction of a mild but unrecognized, unvaccinated case into the city direct from Rhodesia. Although Cape Town is constantly exposed to possible smallpox infection from shipping using the port and employs elaborate precautions to circumvent this eventuality, its defences were breached by an un-vaccinated person journeying from an area in Rhodesia where smallpox was at that time prevalent.

In the mass vaccination campaign which was offered to the public by the Department the permanent staff was augmented by additional part- and full-time medical officers and voluntary assistants. Nearly 140,000 persons were vaccinated at this Department's vaccination centres, and a further 82,500 by the

Health Department of the Cape Divisional Council. A total of one million doses of vaccine was issued by the Union Government's Vaccine Institute in what was described as one of the biggest mass vaccinations in the Union's history.

Fortunately for all concerned the disease was of the non-virulent "amaas" type and all patients made a good and complete recovery. One disquieting feature revealed by the outbreak was the large number—much larger than expected—of people who had not previously been vaccinated. Apathy on the part of the public regarding vaccination is the greatest danger to further recurrences of similar episodes. It behoves all Health Officials to do all in their power to dispel such apathy and exhort the public to have their infants vaccinated before the age of 6 months and to keep their own state of vaccination up to date.

MEASLES.

There were four non-European deaths from measles registered during the year, compared with 24 (1 European and 23 non-European) in the previous year. Three of the deaths in the present period occurred in children under 2 years of age.

During the year 90 cases of measles were treated in the City Hospital, of whom 32 were from outside the city area, 3 from ships in harbour, and 2 from Langa Native Township. As in the case of whooping cough, the deaths from measles show a remarkable decline during the year under review.

Period.	Measles.			
	Deaths.		Rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
Average.				
1916-1920	7	34	0·08	0·43
1921-1925	5	33	0·05	0·38
1926-1930	5	16	0·04	0·16
1931-1935	3	32	0·02	0·24
1936-1940	2	15	0·01	0·11
1941-1945	3	24	0·02	0·14
1946-1950	1	24	0·01	0·12
1951-1955	0	14	0·00	0·05
Year 1956	—	4	—	0·01

FOOD POISONING.

Following a report of an outbreak of acute gastro-enteritis among the staff of a cafeteria in the city on 23rd December, 1955, an enquiry was made to establish the causative organism.

Owing to the lapse of time before the report was received and the imminence of the holidays, only a few of the sufferers could be questioned and samples of all the foodstuffs which had formed the suspect meal were not available.

Certain samples of food sent for bacteriological examination failed to disclose the presence of any pathogenic organism. Throats, noses, hands and arms of eight members of the staff were carefully examined for septic foci. Two cuts and one burn were found and swabs were taken; also nasal and throat swabs were taken from a member of the staff who was suffering from a cold. In all these cases the Government laboratory was not able to obtain the growth of any possible causative organism.

The kitchen arrangements were good and the staff clean and obviously well controlled.

The history of a relatively short incubation period suggested a staphylococcal food poisoning, but in view of the incompleteness of the investigation and the negative laboratory findings, the only surmise that can be drawn is that the infected foodstuff was one of those not available for examination.

DIARRHOEAL DISEASES.

The deaths registered in the year due to diarrhoea and enteritis (corrected for outward transfers) numbered 631 (17 European and 614 non-European) as compared with 721 (16 European and 705 non-European) in the previous year. The corresponding death rate for the city was 1·26 per 1,000 population (0·09 European and 1·99 non-European).

The deaths from diarrhoeal diseases during the year were classified as follows:—

Int. Code No.	Disease.	European.	Non-European.	All races.
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	17	614	631
572	Chronic enteritis and ulcerative colitis ...	5	1	6
043	Cholera	—	—	—
045	Dysentery, bacillary	—	3	3
046	Dysentery, amoebic	—	4	4
047-048	Dysentery, other forms	1	1	2
	Total ...	23	623	646
	Diarrhoeal death rate per 1,000 population	0·12	2·02	1·29

Of the 614 non-European deaths from diarrhoea and enteritis, 190 occurred in Ward 8 (including 162 in the district of Windermere), 138 in Ward 10, 100 in Ward 15 and 186 in the rest of Cape Town. 98·9 per cent. of the deaths were under 5 years of age, i.e. 446 under one year, 137 between 1 and 2 years, and 24 between 2 and 5 years of age.

The non-European mortality rate from diarrhoea and enteritis was 22 times greater than that for Europeans. In children under one year of age, the non-European mortality rate from this disease per 1,000 live births was 14 times greater than the European rate.

The European death rates for this disease are fairly constant, but the non-European rate for 1956 shows the first substantial drop since 1949/50.

In the following table the mortality figures from this disease in infants under one year of age are classified for race and sex over a period of years. It will be seen that the mortality is greater among the males:—

Year.	Diarrhoea and enteritis.					
	European.		Non-European.		All races.	
	Male.	Female.	Male.	Female.	Male.	Female.
1947-48	9	6	151	110	160	116
1948-49	8	5	171	134	179	139
1949-50	10	5	155	111	165	116
1950-51	9	5	197	184	206	189
1951-52	7	2	211	206	218	208
1952-53	4	3	236	204	240	207
1953-54	1	5	222	209	223	214
1954-55	4	2	255	226	259	228
1956	8	3	251	195	259	198

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 74.

CANCER.

In accordance with the new International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 520 (298 European and 222 non-European) compared with 492 (288 European and 204 non-European) for the previous year.

The deaths from cancer registered during the year under review and the corresponding rates are classified in the following table according to the parts of the body affected. More than half the total of 520 deaths were caused from malignant neoplasms of the digestive and respiratory organs.

Int. Code No.	Parts affected.	European.		Non-European.		All races.	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140-148	Malignant neoplasm of buccal cavity and pharynx	7	0·04	2	0·01	9	0·02
150	Malignant neoplasm of oesophagus ...	7	0·04	9	0·03	16	0·03
151	Malignant neoplasm of stomach ...	44	0·23	70	0·23	114	0·23
152-153	Malignant neoplasm of intestine ...	35	0·18	7	0·02	42	0·08
154	Malignant neoplasm of rectum ...	4	0·02	5	0·02	9	0·02
157	Malignant neoplasm of pancreas ...	10	0·05	4	0·01	14	0·03
162-163	Malignant neoplasm of trachea and bronchus of lung	38	0·20	23	0·07	61	0·12
170	Malignant neoplasm of breast ...	42	0·22	14	0·05	56	0·11
171-172	Malignant neoplasm of cervix uteri	14	0·07	25	0·08	39	0·08
177	Malignant neoplasm of prostate ...	15	0·08	9	0·03	24	0·05
190-191	Malignant neoplasm of skin ...	6	0·03	—	—	6	0·01
196-197	Malignant neoplasm of bone and connective tissue	1	0·01	2	0·01	3	0·01
	Malignant neoplasm of other and unspecified sites	49	0·25	32	0·10	81	0·16
200-205	Neoplasms of lymphatic and haematopoietic tissues	26	0·14	20	0·06	46	0·09
	Total ...	298	1·55	222	0·72	520	1·04

SECTION VI. TUBERCULOSIS

(PREPARED BY DR. W. L. HOOLE, TUBERCULOSIS OFFICER).

The new cases of this disease reported in the year 1956, corrected for misdiagnosis and imported cases, numbered 1,993. They are classified in Table A, where the corresponding incidence rates are also shown:—

TABLE A.

Race.	Sex.	Notified cases.			Incidence rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	111	6	117	1·21	0·07	1·28
	Female	61	6	67	0·60	0·06	0·66
	Total	172	12	184	0·89	0·06	0·95
Non-European ...	Male	898	99	997	5·92	0·65	6·58
	Female	717	95	812	4·57	0·60	5·17
	Total	1,615	194	1,809	5·23	0·63	5·86
All races	Male	1,009	105	1,114	4·15	0·43	4·58
	Female	778	101	879	3·01	0·39	3·40
	Total	1,787	206	1,993	3·56	0·41	3·97

The deaths from tuberculosis and the corresponding death rates are shown in Table B (corrected).

TABLE B.

Race.	Sex.	Deaths.			Death rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	17	3	20	0·19	0·03	0·22
	Female	4	2	6	0·04	0·02	0·06
	Total	21	5	26	0·11	0·03	0·13
Coloured	Male	97	19	116	0·79	0·16	0·95
	Female	54	21	75	0·39	0·15	0·54
	Total	151	40	191	0·58	0·15	0·73
Native (not Langa) ...	Male	21	8	29	0·84	0·32	1·16
	Female	5	6	11	0·34	0·41	0·76
	Total	26	14	40	0·66	0·35	1·01
Asiatic	Male	—	1	1	—	0·22	0·22
	Female	1	—	1	0·33	—	0·33
	Total	1	1	2	0·13	0·13	0·26
All Non-European ...	Male	118	28	146	0·78	0·18	0·96
	Female	60	28	88	0·38	0·18	0·56
	Total	178	56	234	0·58	0·18	0·76
All races	Male	135	31	166	0·55	0·13	0·68
	Female	64	30	94	0·25	0·12	0·36
	Total	199	61	260	0·40	0·12	0·52
Native (Langa) ...	Male	11	2	13	0·66	0·12	0·79
	Female	1	2	3	0·29	0·58	0·86
	Total	12	4	16	0·60	0·20	0·80

NOTIFICATIONS.

This is the first report on the full calendar year, and progress or otherwise is based on a comparison with the twelve months ending 30th June, 1955.

There was no material reduction (11) in the number of persons discovered to be suffering from pulmonary tuberculosis. The reduction amongst European males (12%), European females (15%) and non-European females (3·5%) was offset by an increase (4·8%) amongst non-European males.

The population of Cape Town was estimated to be: European males 91,718 (increase 870), European females 101,132 (increase 960), non-European males 151,599 (increase 10,353) and non-European females 157,071 (increase 10,497), making a total of 501,520 (increase 22,680).

The discovery rate in Europeans continues to be approximately twice as great in males as in females. The increase in the non-European male population allowed the incidence rate per 1,000 to fall below last year's figure in line with the three other race-sex groups.

In view of the expenditure and effort directed to anti-tuberculosis work, it is disappointing to report this fractional improvement. It is clear that the traditional method of discovering the disease in its earlier stage is essential and rewarding. This must be followed up by prompt and adequate therapy in an endeavour to secure resolution of the disease within 6 or, at most, 12 months. Otherwise these optimum cases will slide through neglect or failure, be it personal, clinical or civic, into a state of chronicity to join the accumulation of half cured (and therefore half ill) persons resulting from a still high and stationary incidence, only halted two years ago, and accompanied by a progressively falling death rate operative since 1948. Under these circumstances it is inevitable, in fact mathematical, that the hard core of chronics, already considerable, will be increased annually.

This load of mischief accrues not only from the failure to treat but also from the failure to discover. It is astonishing that so many persons with advanced disease, particularly men, can remain unknown at least to official agencies by avoiding the case-catching net—however wide the mesh—until abject illness or some catastrophe brings them to the notice of the clinics.

Time forms from these two groups a final and permanent contagion, for most of these survivors are permanently or periodically or recurrently infectious, and they will continue to sow an annual crop of some 2,000 new cases. It may be expedient to care for these survivors in settlements, but a timely expenditure of effort and money will guarantee more constructive results.

In the non-European population, division of the new cases according to age shows that the children suffer heavily at a time when they are least able to withstand the immediate and remote results of primary tuberculosis. Children under five years of age provided 22·5 per cent. of the total of new cases of pulmonary disease found in non-Europeans. Last year their share was more than 25 per cent. and the consequential relative increase in the remaining older groups fell on men between the ages of 25 and 45 years. This group must contain many trained and experienced personnel, and nearly all are parents and bread-winners. They have always provided the greatest proportion of non-European tuberculosis and are now providing even more, being responsible for 38 per cent. of the total new cases of pulmonary tuberculosis compared with 33 per cent. in the previous year. The impact of tuberculosis in this group is particularly disastrous both to the home and the labour market.

In contrast to last year the incidence amongst non-European females fell, and to such a degree that they were mainly responsible for the reduced incidence in a total population of 309,000, from 556 to 523 per 100,000. It is therefore particularly fortunate that the only increased accommodation now in the stage of active planning should be allotted to non-European males.

It might also be of some significance and a matter requiring further consideration that over 25 per cent. of the non-European pulmonary cases occurred in the African section of the population (526 out of 1,924). The rate of 8·33 for this section is nearly twice as high as the rate for the Coloured section, a

group in which pulmonary disease is far too prevalent. The migratory habits of the African section, their poor nutrition, occupation of slum-like habitations and hard manual work all play a not inconsiderable part in these unsatisfactory figures and rates.

NOTIFICATIONS OF PULMONARY TUBERCULOSIS IN NON-EUROPEANS, MALES AND FEMALES, ACCORDING TO AGE GROUP.

1951-52.					1956.				
Age group.	Non-European.				Age group.	Non-European.			
	Male.		Female.			Male.		Female.	
	No.	%	No.	%		No.	%	No.	%
0-1 year	31	3.5	29	4.4	0-1 year ...	34	3.8	36	5.0
1-2 years ...	67	7.6	41	6.3	1-2 years ...	45	5.0	53	7.4
2-5 „ ...	58	6.5	65	9.9	2-5 „ ...	98	10.9	97	13.5
5-10 „ ...	27	3.1	40	6.1	5-10 „ ...	58	6.5	76	10.6
10-15 „ ...	16	1.8	16	2.5	10-15 „ ...	13	1.4	24	3.4
15-25 „ ...	155	17.5	203	31.0	15-25 „ ...	122	13.6	172	24.0
25-35 „ ...	188	21.2	146	22.3	25-35 „ ...	186	20.7	121	16.9
35-45 „ ...	158	17.8	70	10.7	35-45 „ ...	155	17.3	56	7.8
45-55 „ ...	99	11.2	22	3.4	45-55 „ ...	95	10.6	40	5.6
55-65 „ ...	50	5.6	17	2.6	55-65 „ ...	68	7.6	24	3.4
65-75 „ ...	28	3.2	4	0.6	65-75 „ ...	20	2.2	12	1.7
75-85 „ ...	5	0.6	—	—	75-85 „ ...	3	0.3	6	0.8
Total ...	886	100.0	654	100.0	Total ...	898	100.0	717	100.0

TABLE C.

			New cases.				Discovery rates per 1,000 population.			
			Pulmonary.		Other forms.		Pulmonary.		Other forms.	
			M.	F.	M.	F.	M.	F.	M.	F.
European:										
Year	1947-48	...	127	125	10	17	1.46	1.30	0.12	0.18
	1948-49	...	142	97	21	12	1.62	1.01	0.24	0.12
	1949-50	...	154	123	14	13	1.75	1.27	0.16	0.13
	1950-51	...	129	94	16	5	1.46	0.96	0.18	0.05
	1951-52	...	132	101	4	5	1.48	1.03	0.04	0.05
	1952-53	...	139	108	11	9	1.55	1.09	0.12	0.09
	1953-54	...	142	97	10	9	1.57	0.97	0.11	0.09
	1954-55	...	126	72	15	8	1.39	0.72	0.16	0.08
	1956	...	111	61	6	6	1.21	0.60	0.07	0.06
Non-European:										
Year	1947-48	...	814	675	148	118	8.00	6.35	1.45	1.11
	1948-49	...	892	608	140	116	8.37	5.47	1.31	1.04
	1949-50	...	816	629	140	113	7.31	5.40	1.25	0.97
	1950-51	...	826	675	137	146	7.06	5.54	1.17	1.20
	1951-52	...	886	654	145	132	7.22	5.12	1.18	1.03
	1952-53	...	923	761	131	134	7.18	5.69	1.02	1.00
	1953-54	...	848	689	140	130	6.29	4.92	1.04	0.93
	1954-55	...	857	743	112	116	6.07	5.07	0.79	0.79
	1956	...	898	717	99	95	5.92	4.57	0.65	0.60

TABLE D.
PULMONARY TUBERCULOSIS.

Year ended 30th June.		European.			Non-European.		
		No. of cases notified.	Incidence rate.		No. of cases notified.	Incidence rate.	
			Male.	Female.		Male.	Female.
1941	...	157	1.02	0.88	883	6.42	4.82
1942	...	182	1.31	0.90	1,072	7.30	6.00
1943	...	191	1.31	1.03	1,233	7.96	6.95
1944	...	223	1.42	1.23	1,706	11.52	8.59
1945	...	202	1.44	0.91	1,491	10.23	6.95
1946	...	241	1.42	1.28	1,558	8.88	7.33
1947	...	251	1.57	0.98	1,507	8.59	6.79
1948	...	252	1.46	1.30	1,489	8.18	6.55
1949	...	239	1.62	1.01	1,500	8.67	5.74
1950	...	277	1.75	1.27	1,445	7.69	5.77
1951	...	223	1.46	0.96	1,501	7.06	5.56
1952	...	233	1.48	1.03	1,540	7.23	5.15
1953	...	247	1.55	1.09	1,684	7.18	5.69
1954	...	239	1.57	0.97	1,537	6.29	4.92
1955	...	198	1.39	0.72	1,600	6.07	5.07
Calendar year 1956	...	172	1.21	0.60	1,615	5.92	4.57

The notifications of non-pulmonary tuberculosis still provide an inaccurate assessment of the number of persons who are found to be suffering from these forms of the disease owing to the persistent failure of the general hospitals to notify all such cases. There was no material reduction in the total number of new cases but there is no doubt that the Children's War Memorial Red Cross Hospital, which was opened on 18th June, 1956, has already provided valuable aid by the addition of facilities for prompt and skilled treatment of generalized and meningeal tuberculosis, the latter of which accounted for 41 deaths and 88 notifications, compared with 55 and 91 respectively in the previous year, and the disastrous totals of 85 deaths and 141 new cases in 1954. As recovery depends on skilled and prolonged treatment in an early stage, it is satisfying to report that the deaths from tubercular meningitis have been halved in the past two years, in keeping with the pace of reduction in the mortality from pulmonary tuberculosis.

TABLE E.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges	2	3	44	39	88
Abdominal*	1	—	4	5	10
Bones and joints	—	1	21	15	37
Glands	1	1	15	14	31
Genito-urinary system	1	1	—	1	3
Disseminated	1	—	13	20	34
Other organs	—	—	2	1	3
Total ...	6	6	99	95	206

*Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

DEATHS.

The universal fall in the mortality rates from tuberculosis occurred in Cape Town during the year under report to a greater degree than ever before. The percentage fall in the number of persons dying from tuberculosis was in Europeans 19, in Coloureds 32 and in all Africans 30; the number of persons of all races who died from all forms of tuberculosis fell in one year of work from 380 to 260 (26 European and 234 non-European), a percentage decrease of 31·6, i.e. for every 100 persons who died in the previous year, less than 70 died last year. Only four years ago the total deaths amounted to 788.

The reduction of deaths amongst the Coloured people is probably accurate and both sexes shared in the improvement; for the past two years the annual drop has been 40 per cent. and 29 per cent. in Coloured males, and 26 per cent. and 36 per cent. in Coloured females. But the mortality statistics in Africans falsify the final picture, for they are not corrected for all inward transfers, and Cape Town is responsible for many more deaths in this group, as many more ailing Natives now leave voluntarily and under official encouragement for their homes in the territories, and their deaths there are not debited to Cape Town. Even this artificial reduction leaves the African male with the highest mortality rate of any race-sex group in Cape Town.

It may appear niggardly to deny a feeling of satisfaction and congratulation to all concerned at this impressive reduction, but, as previously urged, when dealing with a chronic recurrent disease we must do something more than merely keep them alive. Our aim must be to prevent these individuals from infecting other susceptibles and thereby reduce the main pool of infection present in most of the large cities of this country.

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years.

TABLE F.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1956	1954-55	1953-54	1952-53	1951-52	1956	1954-55	1953-54	1952-53	1951-52
European	0·11	0·14	0·20	0·17	0·24	0·03	0·03	0·04	0·04	0·03
Coloured	0·58	0·87	1·35	1·64	2·42	0·15	0·28	0·42	0·37	0·46
Native	0·66	1·25	1·72	2·20	3·41	0·35	0·53	0·33	0·56	0·71
Asiatic	0·13	0·41	0·14	0·70	0·44	0·13	—	0·14	—	0·29
Non-European	0·58	0·90	1·37	1·68	2·49	0·18	0·31	0·40	0·39	0·48
All races	0·40	0·60	0·89	1·05	1·52	0·12	0·19	0·26	0·24	0·29

Only 26 European persons, according to the registration of deaths, died of tuberculosis during the year; the decrease is due to a reduction of male deaths, those of females remained minimal.

TABLE G.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	1	—	20	20	41
„ abdominal	—	1	2	—	3
„ of bones and joints	—	—	—	—	—
„ of genito-urinary system	1	1	1	—	3
„ disseminated	1	—	5	7	13
„ of other organs	—	—	—	—	—
Total ...	3	2	28	27	60

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are shown in the following table for the past 40 years.

TABLE H.

						Death rate per 1,000 population.		
						European.	Non-European.	All races.
2·8 years ended 30th June, 1916	...	...	...	...	...	1·04	4·69	2·82
5 " " " " 1921	...	...	...	...	...	0·88	4·47	2·53
5 " " " " 1926	...	...	...	...	...	0·79	4·09	2·28
5 " " " " 1931	...	...	...	...	...	0·74	4·75	2·62
5 " " " " 1936	...	...	...	...	...	0·84	4·99	2·82
5 " " " " 1941	...	...	...	...	...	0·76	4·55	2·62
5 " " " " 1946	...	...	...	...	...	0·72	6·06	3·45
5 " " " " 1951	...	...	...	...	...	0·57	4·51	2·71
5 " " 31st Dec. 1956	...	...	...	...	...	0·20	1·70	1·09
1 " " " " 1942	...	...	...	...	...	0·73	5·38	3·08
1 " " " " 1943	...	...	...	...	...	0·68	6·09	3·40
1 " " " " 1944	...	...	...	...	...	0·73	6·90	3·91
1 " " " " 1945	...	...	...	...	...	0·73	5·90	3·40
1 " " " " 1946	...	...	...	...	...	0·74	5·98	3·45
1 " " " " 1947	...	...	...	...	...	0·71	5·17	3·04
1 " " " " 1948	...	...	...	...	...	0·66	5·44	3·21
1 " " " " 1949	...	...	...	...	...	0·45	4·69	2·75
1 " " " " 1950	...	...	...	...	...	0·57	3·96	2·44
1 " " " " 1951	...	...	...	...	...	0·46	3·47	2·16
1 " " " " 1952	...	...	...	...	...	0·26	2·97	1·81
1 " " " " 1953	...	...	...	...	...	0·21	2·07	1·29
1 " " " " 1954	...	...	...	...	...	0·24	1·77	1·15
1 " " " " 1955	...	...	...	...	...	0·17	1·21	0·80
Calendar year 1956	...	...	...	...	...	0·13	0·76	0·52

Other particulars will be found in Tables A to E on pages 72 to 77, Table I on page 81 and Tables K to M on pages 83 to 85.

The falling death rate can no longer be used as an exact measurement of the efficiency of a tuberculosis programme. The ratio of deaths to every 100 cases notified does, however, provide some indication of progress.

PROVISION OF TREATMENT.

The in-patient bed accommodation available for pulmonary tuberculosis on 31st December, 1956, included the following:—

At the City Hospital, Portswood Road:

Europeans 75 beds.
non-European females 116 "

At the Brooklyn Chest Hospital: Non-European males 250, children 24, plus a surgical ward to accommodate non-European males 11, and non-European females 11.

At Nelspoort Sanatorium: During the year under report the average monthly number of cases was Europeans 0·4, non-Europeans 24.

At the Westlake Hospital: The average monthly number of Cape Town cases was 39 (Europeans).

At the Dr. A. J. Stals Memorial Hospital: The average monthly number of Cape Town cases was 219 (non-European children and females).

The Sunshine Home for Children at Bellville, a home reserved for tuberculosis contacts, provides accommodation for 60 Europeans, 60 non-Europeans and 12 infants. During the year 46 European and 47 non-European children were admitted, the average length of stay being 233 and 239 days respectively.

Provision for cases of surgical tuberculosis is made in the hospitals of the Cape Provincial Administration, the Maitland Cottage Homes and the St. Joseph's Home at Philippi.

Particulars of the clinic centres for tuberculosis maintained by the City Health Department are given below.

All X-ray films of patients attending the clinics are taken at the City Hospital and Brooklyn Chest Hospital. Although the mass-radiography service is housed at the Chapel Street clinic, it can now only cope with its own particular aspect of the diagnostic work and thus it is not yet possible to arrange for the X-raying of clinic patients there. The provision of adequate quarters for the mass-radiography service is at present under consideration.

During the year the visits made by the health visitors were 2,520 (primary) and 35,624 (total) as compared with 2,304 and 25,732 in the previous year.

ANTI-TUBERCULOSIS CENTRES.

The central building at Chapel Street, Cape Town, near the boundary between central Cape Town and Woodstock, was brought into use on 3rd January, 1941. It comprises waiting room, interviewing room and dispensary, the Care Committee room, administrative wing, including the Tuberculosis Officer's office, clerical and records office, health visitors' office, staff room and kitchen, and a clinical wing including three clinical rooms, dental room, dark room, dressing cubicles, developing room, and a mass-radiography unit.

There is a second special clinic building at Church Street, Wynberg. Temporary quarters are shared with the venereal disease section at Windermere, where diagnostic work is hampered by the lack of a screening apparatus. The Medical Officer in charge of the Langa Native Hospital has been dealing with tuberculosis at his out-patient clinics, and referring cases to the Chapel Street clinic when necessary.

Following the appointment of a third Tuberculosis Officer in October, 1954, a fourth clinic was opened on the 14th December, 1954, at Athlone, where a substantial house at the periphery of the area was readily adapted for use as a clinic. It has been readily patronized by the women and children of this large area, which has been the scene of extensive housing development during recent years. The opening

of this clinic has been associated with only a small reduction in the attendance at the central clinic formerly used by the Athlone residents; there is no doubt that a session for males of the district would be equally well patronized.

Evening sessions continue to be held for the benefit of those patients who have continued or returned to work.

Following the reduced incidence of tuberculosis, the number of persons attending for the first time has also fallen at the four established clinics, but owing to the inauguration of ambulant treatment and to improved follow-up, the total attendances have continued to increase. The annual total attendances divided as to the two main racial groups are approaching the same proportion as the incidence, in short, when the incidence is six times greater in non-Europeans than in Europeans, the work should logically encompass six times as many of the first group as of the second.

The weekly sessions number 17, viz. 8 at Cape Town (2 for Europeans and 6 for non-Europeans), 4 at Wynberg (1 for Europeans and 3 for non-Europeans), 3 at Windermere for non-Europeans and 2 at Athlone for non-Europeans. In addition there are three sessions held during the month at the central clinic in Chapel Street in the evening from 5-7 p.m. (1 for Europeans and 2 for non-Europeans). These sessions are conducted by the Tuberculosis Officers and part-time consultants.

During the year there were 47,548 attendances at the clinics and 11,291 persons attended for the first time. Included in these new consultations were 244 persons who were not resident in the municipal area. The attendances at the anti-tuberculosis centres are shown in the following Table over a period of years.

The European total attendances decreased by 298 and the non-European increased by 4,310.

The number of examinees in the past 17 years totalled 111,906, of whom 26,305 (23·5 per cent.) were found to be suffering from some form of tuberculosis. Theoretically, at the present rate of working, the second 100,000 will be reached in half the time.

Every adult is screened on initial attendance and radioscopy is frequently used to assess progress in established cases. This may reduce expenditure but adds to the difficulties of the clinicians. The total number of screenings at the three clinics so equipped numbered 4,332 Europeans and 15,508 non-Europeans.

TABLE I.

	New Consultations.						
	1956	1954-55	1953-54	1952-53	1951-52	1950-51	1949-50
Cape Town:							
Eur. ...	1,774	2,108	2,247	2,476	2,130	1,946	2,044
Non-Eur. ...	4,475	5,162	5,258	5,221	4,514	4,170	3,693
Total ...	6,249	7,270	7,505	7,697	6,644	6,116	5,737
Wynberg:							
Eur. ...	737	677	950	1,034	753	740	583
Non-Eur. ...	1,830	1,801	1,769	1,777	1,755	1,698	1,424
Total ...	2,567	2,478	2,719	2,811	2,508	2,438	2,007
Windermere:							
Eur. ...	—	—	—	—	1	—	—
Non-Eur. ...	902	680	760	676	608	516	478
Total ...	902	680	760	676	609	516	478
Athlone:							
Eur. ...	5	—	—	—	—	—	—
Non-Eur. ...	1,568	592	—	—	—	—	—
Total ...	1,573	592	—	—	—	—	—
Total:							
Eur. ...	2,516	2,785	3,197	3,510	2,884	2,686	2,627
Non-Eur. ...	8,775	8,235	7,787	7,674	6,877	6,384	5,595
Total ...	11,291	11,020	10,984	11,184	9,761	9,070	8,222
	Total Attendances.						
	1956	1954-55	1953-54	1952-53	1951-52	1950-51	1949-50
Cape Town:							
Eur. ...	5,913	6,155	6,230	5,937	5,325	4,872	4,937
Non-Eur. ...	19,464	21,618	19,405	17,854	15,452	13,922	13,480
Total ...	25,377	27,773	25,635	23,791	20,777	18,794	18,417
Wynberg:							
Eur. ...	2,032	2,093	2,476	2,472	1,879	1,718	1,673
Non-Eur. ...	8,448	7,542	7,043	6,788	5,858	5,671	5,464
Total ...	10,480	9,635	9,519	9,260	7,737	7,389	7,137
Windermere:							
Eur. ...	—	—	—	—	1	—	—
Non-Eur. ...	5,898	4,381	3,856	3,033	2,693	2,099	2,097
Total ...	5,898	4,381	3,856	3,033	2,694	2,099	2,097
Athlone:							
Eur. ...	5	—	—	—	—	—	—
Non-Eur. ...	5,788	1,747	—	—	—	—	—
Total ...	5,793	1,747	—	—	—	—	—
Total:							
Eur. ...	7,950	8,248	8,706	8,409	7,205	6,590	6,610
Non-Eur. ...	39,598	35,288	30,304	27,675	24,003	21,692	21,041
Total ...	47,548	43,536	39,010	36,084	31,208	28,282	27,651

The primary consultations at the clinics during the year are classified in the following table:—

TABLE J.

Persons attending for first time.	European.					Non-European.					All races.
	Adults.		Children.		Total.	Adults.		Children.		Total.	
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified:											
Accepted ...	28	13	1	4	46	108	65	42	30	245	291
Observation ...	1	3	—	—	4	7	2	3	5	17	21
Not accepted ...	2	2	—	—	4	10	12	5	15	42	46
	31	18	1	4	54	125	79	50	50	304	358
Suspects:											
Notified ...	77	36	1	5	119	545	301	129	149	1,124	1,243
Observation ...	9	11	—	1	21	57	21	5	16	99	120
Non-tuberculous	585	727	212	215	1,739	1,329	1,579	496	525	3,929	5,668
	671	774	213	221	1,879	1,931	1,901	630	690	5,152	7,031
Contacts:											
Notified ...	1	3	1	5	10	14	19	78	90	201	211
Observation ...	—	—	—	—	—	2	13	9	8	32	32
Non-tuberculous	103	204	129	137	573	322	948	827	989	3,086	3,659
	104	207	130	142	583	338	980	914	1,087	3,319	3,902
Total ...	806	999	344	367	2,516	2,394	2,960	1,594	1,827	8,775	11,291

AMBULATORY TREATMENT.

Centre.					Injections.				Total.	
					European.		Non-European.			
					Males.	Females.	Males.	Females.		
Chapel Street	...	...	...	...	1,916	1,278	8,936	3,312	15,442
Wynberg	...	...	...	...	664	62	1,447	741	2,914
Windermere	...	...	...	...	—	—	1,681	922	2,603
Athlone	...	...	...	...	—	—	453	78	531
Total					...	2,580	1,340	12,517	5,053	21,490

SCREENINGS.

Centre.	Europeans.		Non-Europeans.		Total.
	Males.	Females.	Males.	Females.	
Chapel Street	1,517	1,557	4,980	3,818	11,872
Wynberg	536	717	1,814	2,204	5,271
Windermere	—	—	—	—	—
Athlone	—	5	758	1,934	2,697
Total ...	2,053	2,279	7,552	7,956	19,840

P.A.S. AND/OR I.N.H. TREATMENT.

Centre.	New cases.				Total.
	European.		Non-European.		
	Males.	Females.	Males.	Females.	
Chapel Street	59	40	549	283	931
Wynberg	16	23	144	136	319
Windermere	—	—	107	91	198
Athlone	—	—	58	123	181
Total ...	75	63	858	633	1,629

No. of domiciliary injections given: 17,443.

Notified Cases. Of the 358 persons who presented themselves for examination as the result of notification, 46 (12·8 per cent.) were found to be non-tuberculous.

Suspects. This group attended the clinic on the advice of their doctors, their friends, employers or social agencies. An increasing number of persons attended on their own initiative. The 7,031 suspects recorded in the above table is an understatement of the full primary investigations carried out each year, for there is, after 18 years, a huge accumulation of persons who remain as suspects or contacts in the

records kept by this Department. Many of these re-attend after a lapse of several years and again require full investigation. These are not listed in the above table.

Contacts. At present contacts in the adolescent and young adult groups are not being examined in sufficient numbers. The attendance of European adults in this category increased by 24 and the non-European increased by 339 compared with the previous year. The number of child contacts of all races increased by 961. The total number of 3,902 contacts examined represented 1,500 per 100 deaths.

The incidence of tuberculosis in the European contacts of all ages was 17 per 1,000, whilst the relative figure for non-Europeans was 60 per 1,000.

The danger of an infectious case, known or unknown, in the home is emphasized by comparing the incidence amongst contacts to the incidence in the general population, where it was 0.95 per 1,000 for Europeans and 5.86 per 1,000 for non-Europeans.

Tubercular Meningitis. In the 88 local cases notified during the year an open case of tuberculosis was known or found to have been living in contact with the patient in 33 cases (i.e. 36 per cent.). The infecting agents were mainly fathers (8), mothers (3), brothers (5), sisters (4) and other relatives and friends (13).

Laboratory Examinations. The anti-tuberculosis section wishes to acknowledge the co-operation and promptitude with which the Union Health Department provides this service free of cost.

SOURCES OF NOTIFICATION.

The sources of notifications received during the year under report (including imported infections, i.e. those now resident in the Cape Town municipal area and known to have contracted the disease before arrival) were as follows:—

TABLE K.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Total.
Private practitioners	696	57	33	11	797
Consultants	1	—	—	4	5
	697	57	33	15	802
Groote Schuur Hospital	240	19	9	29	297
Cape Town Free Dispensary	48	1	—	—	49
Wynberg (Victoria) Hospital	38	—	—	3	41
Woodstock Hospital	17	1	—	—	18
Valkenberg Hospital	2	1	—	3	6
Somerset Hospital	47	4	1	2	54
Medical Students' Clinic	17	2	—	—	19
Other Hospitals and Institutions	16	1	1	—	18
Red Cross Hospital	18	3	—	—	21
	443	32	11	37	523
City Health Department:					
Anti-Tuberculosis centre	427	19	7	—	453
City Hospital	60	4	1	51	116
Brooklyn Hospital	5	—	—	4	9
Langa Native Hospital	2	—	73	3	78
Mass X-ray service	247	10	37	2	296
Maternal and child welfare centres...	52	1	1	—	54
	793	34	119	60	1,006
Port Health Officer	—	—	—	—	—
Immigration Officer	—	—	—	—	—
	—	—	—	—	—
Magistrate, Police and District Surgeons	4	—	—	1	5
From public mortuaries	16	—	—	2	18
Railway Sick Fund	10	—	—	—	10
	30	—	—	3	33
Transferred from other Local Authorities	26	54	3	89	172
South African Medical Corps	4	—	—	4	8
Total	1,993	177	166*	208	2,544

*Including 15 imported cases of pulmonary tuberculosis.

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners, who provide 31 per cent. of the total notifications. Included in the 797 persons so notified are those suspects sent to the clinic by private practitioners and later found to be suffering from tuberculosis.

It is claimed that mass or selective miniature radiography intensively applied should provide 25 per cent. of the new cases of pulmonary tuberculosis discovered during the year if it is to be regarded as a practical and economic service. The solitary static unit at the Chapel Street clinic provided 284 out of the 1,787 new cases notified during the year, i.e., 15.3 per cent.

The following table gives an arbitrary analysis of all primary notifications, showing the degree and reasons for failure to attend the clinics.

TABLE L.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Total.
Attended clinic	1,658	150	99	13	1,920
Failed to attend	335	27	67	195	624
	1,993	177	166	208	2,544
Failure to attend clinic:					
In hospital	151	13	30	192	386
Hospital out-patients	28	2	15	—	45
Too ill	34	2	—	—	36
Died before notification	6	1	5	—	12
First advice through death registra- tion	45	1	2	3	51
Refusals	34	2	5	—	41
Under private care	12	—	—	—	12
Untraceable	22	3	5	—	30
Decamped on notification	3	3	5	—	11
Total	335	27	67	195	624

The proportion of local notifications who attended the clinic was 83 per cent., and a further 8 per cent. were in hospital. The non-attenders included a large proportion of the 206 newly notified cases suffering from non-pulmonary forms of tuberculosis. These cases are not the primary concern of a preventive service and are cared for elsewhere. The high proportion of new cases shown in the analysis to have attended the clinics in search of advice and treatment is therefore an under-measurement of the public esteem which the anti-tuberculosis service has gradually earned and of the increasing enlightenment of those citizens mainly affected by the disease.

As a yardstick of progress, the proportion of notified cases who are too ill to attend or dead before they are brought to official notice has been recorded through the years (Table M). There were 85 persons in this category in the total of 1,993 persons notified to be suffering from all forms of tuberculosis, or 4·3 per cent. In 1948 this figure was 20 per cent.

The refusals, the untraceables and the absconders are in a category for which the organization is more directly responsible. They number 59 or 3 per cent. of the grand total.

TABLE M.

Period.	Total Cape Town cases notified.	Bedfast on notification.	Percentage of total cases notified.	Dead on notification.	Percentage of total cases notified.
1945-46	2,195	168	7·7	298	13·6
1946-47	2,023	214	10·6	236	11·7
1947-48	2,034	224	11·0	182	9·0
1948-49	2,028	193	9·5	191	9·4
1949-50	2,002	122	6·1	159	7·9
1950-51	2,028	91	4·5	182	9·0
1951-52	2,059	83	4·0	119	5·8
1952-53	2,216	88	3·9	99	4·5
1953-54	2,065	88	4·3	82	4·0
1954-55	2,049	54	2·6	78	3·8
1956	1,993	34	1·7	51	2·6

It should be noted, however, that this percentage is an exaggeration of the hazards of infection from hidden cases, in that not all of the total number of 85 persons who were bedfast or dead on notification were suffering from pulmonary tuberculosis.

The 98 cases of pulmonary tuberculosis notified after death or within one month of death represented 5·5 per cent. of the total notifications from the municipal area; the proportion was 21·5 per cent. in 1947.

HOSPITALIZATION.

The proportion of new cases of pulmonary tuberculosis admitted to institutions has decreased from 30 to 27·6 per cent. of the total notified cases.

This is still an improvement second only in importance to the reduction of deaths from tubercular meningitis.

TABLE N.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,787	160	137	15	132
Known to have had T.B. positive sputum	344	41	16	4	24
New pulmonary cases admitted to institutions for treatment of tuberculosis	496	41	36	4	128
Proportion of new cases admitted ...	27·6%		26·1%		
Died before receipt of notification ...	42	4	7	—	—
Died within 1 month of notification ...	56	4	2	1	—
Died within 1 to 3 months of notification	12	—	—	—	—
Died within 3 to 6 months of notification	7	—	—	—	—

Outside Cape Town cases—cases admitted to the City Hospital or other hospitals from outside the municipal area.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,064, compared to 1,170 last year.

TABLE O.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
Amatolie Hosp., King William's Town ...	—	—	1	—	1
Brewelskloof Sanatorium, Worcester ...	4	1	—	1	6
Brooklyn Chest Hospital, Cape Town ...	—	—	178	39	217
Cape Fosa Settlement, Cape Town ...	—	—	57	4	61
City Hospital, Cape Town ...	66	45	45	206	362
Dr. Stals Memorial Hospital, Westlake	—	—	20	313	333
Eureka T.B. Settlement, Lynedoch ...	—	—	21	—	21
Glen Grey Mission Hospital, Queenstown	—	—	—	1	1
Infectious Diseases Hospital, Kimberley	—	—	—	1	1
King George V Hospital, Durban ...	1	1	2	—	4
Lillieshall Farm Hostel, Rosetta ...	—	1	—	—	1
McVicar Hospital, Alice ...	—	—	1	—	1
Meintjies T.B. Settlement, Johannesburg	—	—	1	—	1
Nama Hospital, Springbok ...	—	—	—	3	3
Nelspoort Sanatorium, Restvale ...	2	—	30	6	38
Oak Tree Hospital, Krugersdorp ...	—	1	—	—	1
Santoord T.B. Settlement, Thaba'Nchu	—	—	2	—	2
Sir Henry Elliott Hospital, Umtata ...	—	—	1	—	1
Stellenbosch Sanatorium, Stellenbosch	2	—	1	—	3
Tembuland Hospital, Umtata ...	—	—	5	—	5
West End Hospital, Kimberley ...	—	—	—	1	1
	75	49	365	575	1,064

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 31st December, 1956, is given below. The increase of 1,000 in one year confirms the fear that the tuberculous population will continue to increase unless more new cases can be brought to a stage of permanent cure within, say, two years of notification and removed from the register after another three years of observation.

The steady expansion in the size of the register involves more and more work. More is now done for each individual patient at the clinics; the frequent completion of multiple certificates has become accepted as essential in the financial care of the patient and his family, and therapy on a larger scale has been added to the traditional obligations of the clinic during the past 5 years. There are 1,500 additional patients each year and nearly all of them live longer to need our care.

Unless we can meet this demand for service by adequate medical staff and facilities, the position will be out of hand in five years' time.

TABLE P.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven to Sea Point to Central Cape Town ...	150	221	43	3	19	—	436
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	212	412	25	8	25	2	684
Old "District Six"	4	840	42	—	86	1	973
Maitland Garden Village, Kensington, Winder- mere, Brooklyn and Rugby	119	870	327	5	89	28	1,438
Woodstock, Salt River	200	622	20	2	54	2	900
Observatory, Mowbray, Rosebank, Black River, Hazendal and Bokmakirie	165	301	2	7	33	—	508
Rondebosch, Newlands, Claremont, Kenilworth, Wynberg and Wittebome	242	607	41	—	9	—	899
Lansdowne, Kromboom Est., Hampton Est., Meadows Est.	178	397	29	3	8	—	615
Plumstead to Clovelly	76	718	128	4	52	14	992
Athlone, to Surrey Est.	2	1,465	134	—	15	—	1,616
Total	1,348	6,453	791	32	390	47	9,061

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS.

The voluntary Care Committee works in close co-operation with the City Health Department. Office and storage accommodation is provided at the municipal anti-tuberculosis centre, and the salary and motor car allowance for the almoner engaged in this work is defrayed by the Local Authority.

The work done during the year is as follows:—

Families helped by payment of rent	201
" " " maintenance grants	106
" " " rent and maintenance grants	96
" " " payment of foster-mothers	9
" " " provision of clothing and blankets	112
No. of articles of clothing distributed	303
No. of blankets distributed	41
Almoner:	
Visits paid	792
Interviews given	1,502
New cases	313

Crèche. Seventy-two children attend the crèche daily. These little ones are the children of tuberculous patients, but who themselves show no signs as yet of the disease. The Committee's object is to keep the children in healthy surroundings while the parents are hospitalized or obliged to augment the family income.

Funds are derived from donations from the public in the expectation that they will be applied to aid the effort to reduce or even eradicate tuberculosis. If a parent is content to remain in a crowded house in an infectious state to spread tuberculosis to his children and others, he should not be encouraged to continue this folly by the support of public or charitable funds. The Committee have no hesitation in following the standard practice of insisting that any help should be conditional to the acceptance of approved treatment; as a corollary, it is realised that all agencies or organizations engaged in similar projects on public money should not approve any form of medical benefits without medical recommendation based on the fulfilment of all requirements.

MASS RADIOGRAPHY SERVICE.

The mass X-ray service at the tuberculosis clinic, Chapel Street, Cape Town, was made available to the public on 13th April, 1948. The comparative figures of the miniature film examinations made from that date to the end of the year under report are shown in the following table, classified according to race and sex:—

TABLE Q.

Period.	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
13th April, 1948, to 30th June, 1948 ...	1,081	712	1,557	1,011	4,361
Year 1948-49	6,420	4,129	7,353	2,500	20,402
" 1949-50	10,066	7,999	12,869	4,449	35,383
" 1950-51	12,560	8,784	14,863	6,799	43,006
" 1951-52	12,046	9,181	16,435	7,981	45,643
" 1952-53	16,018	12,902	18,343	15,001	62,264
" 1953-54	14,394	12,352	19,025	16,326	62,097
" 1954-55	14,668	10,643	19,839	15,877	61,027
" 1956	13,945	10,558	21,664	17,464	63,631

In addition to the 63,631 miniature film examinations made during the year, 3,183 large films were taken, as compared with 2,568 in the previous year. The accommodation at the mass X-ray service is proving inadequate to cope with these large attendances.

2,652 persons were recalled for further examination. Of these, 412 were found to be suffering from active tuberculosis compared with 544 in the previous year. This represents 0·65 per cent. of the 63,631 miniature films examined during the year under review.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years:—

TABLE R.

Year.	Race.	Active tuberculosis discovered.										Extra-municipal cases (included in foregoing columns).	
		Age-groups.								Total.			
		15-25 years.		25-35 years.		35-45 years.		45 years and over.					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1949-50	European ...	16	24	13	13	10	6	7	—	46	43	11	5
	Non-European ...	65	55	98	11	66	12	32	2	261	80	49	11
	All races ...	81	79	111	24	76	18	39	2	307	123	60	16
1950-51	European ...	7	21	10	3	10	3	13	—	40	27	14	14
	Non-European ...	44	51	106	30	53	3	33	—	236	84	71	22
	All races ...	51	72	116	33	63	6	46	—	276	111	85	36
1951-52	European ...	15	35	15	18	10	4	14	1	54	58	12	17
	Non-European ...	102	78	141	40	84	12	57	6	384	136	72	23
	All races ...	117	113	156	58	94	16	71	7	438	194	84	40
1952-53	European ...	14	28	20	26	12	5	14	—	60	59	16	15
	Non-European ...	79	158	123	66	84	18	56	3	342	245	87	52
	All races ...	93	186	143	92	96	23	70	3	402	304	103	67
1953-54	European ...	13	17	13	12	15	6	17	—	58	35	15	5
	Non-European ...	94	125	83	64	74	17	19	3	270	209	75	33
	All races ...	107	142	96	76	89	23	36	3	328	244	90	38
1954-55	European ...	13	14	22	15	14	2	14	2	63	33	15	9
	Non-European ...	79	82	110	69	53	15	34	6	276	172	85	23
	All races ...	92	96	132	84	67	17	48	8	339	205	100	32
1956	European ...	2	5	17	10	8	3	8	2	35	20	9	3
	Non-European ...	52	49	89	54	54	12	40	7	235	122	45	12
	All races ...	54	54	106	64	62	15	48	9	270	142	54	15

Of the 412 new cases of pulmonary tuberculosis discovered, 79 were previously known to the staff of the anti-tuberculosis clinic. A very high proportion of these cases denied having any symptoms and maintained that they were in a very good state of health and well able to carry on with their work.

Fortunately this method of diagnosis reveals the comparatively early and minimal tuberculosis lesion so that treatment in their own homes more often than not suffices.

Cases desiring private medical treatment were referred to their own medical practitioners with full reports.

Although the mass X-ray service is primarily for Cape Town residents, a fair proportion of residents outside the city were X-rayed because they were employed within the Cape Town municipal area. In the year under review, 69 extra-municipal cases of tuberculosis were discovered, compared with 132 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

With the existing accommodation, the present total attendances cannot be exceeded and groups must therefore be logically selected in keeping with the known incidence rates. The range is wide but the aim is poor. If, in Europeans, a male stands twice as great a chance of acquiring tuberculosis as a female, the males should attend in double numbers. Similarly, as the incidence rate for the non-Europeans is six times that of the Europeans, this group should attend the mass X-ray sessions in far greater numbers than they do. Selection should also be applied to age and occupation: European children from 5

to 15 years of age are, as a group, markedly unprofitable, but examination of the aged and destitute would uncover many unrecognized infectious cases. Occupations under special hazards or with high incidence or involving close contact with children should receive more attention than is the case at present.

SECTION VII. VENEREAL DISEASES.

(DR. L. I. COHEN, VENEREAL DISEASE OFFICER.)

The year under review shows a reduction by 103 of new cases attending the municipal treatment centres compared with the previous year. 309 European new cases were registered during the year as against 392 for the previous year, while the non-European new patients amounted to 3,293 as against 3,313 for the previous year. The figures show no appreciable change compared with the previous year.

The total attendances numbered 14,048 (1,050 European and 12,998 non-European) as compared with 16,685 in 1954-55, 20,928 in 1953-54 and 37,034 in 1952-53.

The number of new cases of syphilis (all forms) has once more shown a drop (782 as against 874 in 1954-55), while cases of congenital syphilis recorded were 34 as against 51 for the previous year.

TABLE I.

	1956.		1954-55.	
	New cases.	Incidence rate.	New cases.	Incidence rate.
<i>Race:</i>				
European	309	1·6	392	2·1
Non-European	3,293	10·0	3,313	11·0
<i>Sex:</i>				
Male	2,672	10·3	2,785	11·6
Female	930	3·6	920	3·7
<i>Disease:</i>				
Syphilis	748	1·4	823	1·7
Syphilis, congenital	34	0·1	51	0·1
Gonorrhea	2,019	3·9	2,117	4·3
Other venereal diseases	54	0·1	217	0·4
Non-venereal diseases	607	—	448	—
Undiagnosed	140	—	49	—
All new cases	3,602	6·9	3,705	7·5

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 5·5 per 1,000 population (0·9 European and 8·2 non-European). Last year the true incidence rates were 6·5, 1·4 and 9·8 respectively.

It should be noted that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres only. As this disease is not notifiable, there is no record of the number of persons being treated by private practitioners or by other institutions.

A record of new cases of venereal disease and the incidence rates for the municipality of Cape Town are set out in the following table for a series of years:—

TABLE II.

Year ended 30th June.	Total new cases.*	Population (including Langa Native Township).	Incidence rate per 1,000 population.
1945	3,591	366,854	9·8
1946	4,854	377,344	12·9
1947	5,318	390,539	13·6
1948	4,733	401,084	11·8
1949	4,891	412,613	11·9
1950	4,461	424,207	10·5
1951	3,982	436,357	9·1
1952	3,317	448,569	7·4
1953	3,254	461,811	7·0
1954	2,979	476,601	6·3
1955	3,208	490,992	6·5
Calendar year 1956	2,855	521,356	5·5

*Excluding non-venereal and undiagnosed cases.

In Table III a detailed analysis of all new cases registered in the year 1956 is presented. The classification follows that advocated by the Union Health Department for compilation of their statistics.

TABLE III.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Fe-male.	Male.	Fe-male.		Male.	Fe-male.	Male.	Fe-male.	
1. Seronegative primary syphilis	4	—	29	4	37	27	—	170	14	211
2. Seropositive primary syphilis	2	—	69	6	77	11	—	330	41	382
3. Secondary syphilis ...	1	—	69	60	130	10	5	440	447	902
4. Tertiary syphilis (1)	1	1	28	15	45	16	4	290	152	462
5. Endosyphilis (2) ...	1	5	48	393	447	21	24	449	1,414	1,908
6. Neurosyphilis ...	1	—	9	2	12	29	—	137	51	217
7. Congenital syphilis (under 1 year) ...	—	—	1	10	11	7	—	4	36	47
8. Congenital syphilis (over 1 year) ...	—	—	4	19	23	2	4	38	169	213
Total syphilis ...	10	6	257	509	782	123	37	1,858	2,324	4,342
9. Gonorrhea	145	4	1,784	73	2,006	469	14	6,000	158	6,641
10. Gonococcal vulvovaginitis	—	—	—	13	13	—	—	—	71	71
11. Gonococcal ophthalmia	—	—	—	—	—	—	—	—	—	—
Total gonorrheal infections ...	145	4	1,784	86	2,019	469	14	6,000	229	6,712
12. Ulcus molle	2	—	49	3	54	6	—	82	6	94
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ...	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ...	—	—	—	—	—	—	—	—	—	—
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal diseases	157	10	2,090	598	2,855	598	51	7,940	2,559	11,148
17. Non-venereal disease ...	93	13	187	246	539	151	19	269	388	827
18. Non-gonococcal urethritis	21	—	47	—	68	54	2	105	—	161
19. Reiter's disease ...	—	—	—	—	—	—	—	—	—	—
20. Undiagnosed ...	8	7	69	56	140	134	41	803	934	1,912
Grand Total ...	279	30	2,393	900	3,602	937	113	9,117	3,881	14,048

- (1) Clinically recognizable.
- (2) Diagnosed on result of serological test alone.

The following table is designed to show the number of new cases registered at the municipal treatment centres over a period of eight years. It will be seen from this table that the number of cases of syphilis (all forms) continues its downward trend. The figures for congenital syphilis in the year 1956 compared with those of 1948-49 show a decrease of 94 per cent. (100 per cent. Europeans and 94 non-Europeans) and the figures for other forms of syphilis a decrease of 73 per cent. (91 Europeans and 72 non-Europeans). The figures for gonorrhea show an increase of 46 per cent., a decrease of 48 per cent. in Europeans and an increase of 71 per cent. in non-Europeans.

TABLE IV.

Year.	New cases.											Total.
	Syphilis, congenital.		Syphilis, other forms.		Gonorrheal infections.		Other venereal diseases.		Non-venereal diseases and undiagnosed cases.			
	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
1948-49	1 14	90 502	111 71	777 1,820	245 41	949 150	17 —	99 4	201 30	314 416	5,852	
1949-50	5 5	149 338	96 25	809 1,479	167 12	1,141 146	15 —	61 13	109 13	298 301	5,182	
1950-51	— 11	72 261	62 41	794 1,227	170 21	1,192 75	4 —	51 1	92 11	331 259	4,675	
1951-52	3 4	38 76	33 21	632 879	151 24	1,246 137	6 —	65 2	120 35	329 471	4,272	
1952-53	2 5	24 41	22 9	563 530	164 7	1,683 104	10 —	89 1	115 33	330 405	4,137	
1953-54	2 1	17 48	11 18	345 585	158 15	1,630 73	6 —	66 4	125 20	387 367	3,878	
1954-55	1 —	5 45	15 12	290 506	175 12	1,840 90	53 1	111 52	112 11	183 191	3,705	
1956	— —	5 29	10 6	252 480	145 4	1,784 86	2 —	49 3	122 20	303 302	3,602	

Comparing new cases for the year 1948-49 with those of 1956, the number of Europeans decreased by 58 per cent. (52 for males and 81 for females). Amongst non-Europeans there was a decrease of 36 per cent. (an increase of 7 per cent. in males and a decrease of 69 per cent. in females).

MUNICIPAL TREATMENT CENTRES.

Four municipal treatment centres continue to function for free advice and treatment of venereal disease, i.e. at the City Hospital, Salt River, Wynberg and Windermere.

During the year under review 24 medical sessions (7 European and 17 non-European) were held each week.

Table V gives the number of new cases registered at the various municipal treatment centres, together with the number of attendances or consultations given. It should be noted that the centres at the City Hospital, Salt River and Wynberg have male and female sessions for both Europeans and non-Europeans, and the centre at Windermere male and female sessions for non-Europeans only.

TABLE V.

Centre.	New cases.	Attendances.
City Hospital, Portswood Road	1,055	3,869
Salt River	1,364	5,634
Wynberg	618	2,705
Windermere	289	1,020
Pre-natal clinics (at child welfare centres)	276	820
Total	3,602	14,048

VENEREAL DISEASE CONTACTS.

56 contacts were reported to the Medical Officer of Health during the year, compared with 118 in the previous year. This figure is far from satisfactory when one considers that the number of cases registered for investigation and treatment was 3,602. The implication is that a large reservoir of undetected venereal disease continues to exist in Cape Town.

TABLE VI.

Number of contacts reported	56
Number of such contacts who reported for examination	25
Number of those who attended found to be suffering from a venereal disease	18

During the year under review nurse/visitors paid 660 visits to defaulting female patients and 3,278 letters were sent to defaulting male patients. 14 patients were referred to the Magistrate under the Public Health Act, 9 were prosecuted and the remainder were either discharged or reported untraceable.

PATHOLOGICAL EXAMINATIONS.

At all medical sessions microscopic examinations are carried out in order to establish an early diagnosis. In addition serological (Kahn) tests for syphilis are performed twice a week at the City Hospital. The amount of pathological work done at the Venereal Diseases Branch during the year is as follows:—

TABLE VII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	144	114	—	258
Number of smear examinations for gonococci ...	1,941	117	—	2,058
Number of blood sera tested by Kahn test ...	324	510	86	920

SECTION VIII. CITY HOSPITALS.

(DR. H. R. ACKERMANN, M.B., CH.B., T.D.D., F.C.C.P., MEDICAL SUPERINTENDENT OF HOSPITALS.)

The city group of hospitals consists of the following institutions:—

- (1) The City Hospital for Infectious Diseases in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Maitland.
- (3) Langa Native Hospital, at Langa Native Township.

Each of these institutions will be dealt with in its special section. The staff at these hospitals is shown on pages 70 to 71.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

This hospital now provides accommodation for 518 patients. The new block built for venereal diseases was completed in August, 1952, and has now been taken over entirely for the treatment of infectious diseases. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at December 31st, 1956, consisted of the medical superintendent, deputy medical superintendent, two resident medical officers and three house physicians. The house physicians, who are temporary, change every six months.

DENTAL CLINIC.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients.

During the year under report 157 patients attended for dental treatment. Further details are shown in the table on page 33.

OPERATING THEATRE.

The operations performed in the operating theatre for the year were as follows:—

Appendicectomy	...	...	...	...	...	...	...	3
Amputation of toe	...	...	...	...	...	...	...	1
Bronchoscopy	...	...	...	...	...	...	...	14
Cholecystectomy	...	...	...	...	...	...	...	2
Curettage	...	...	...	...	...	...	...	1
Drainage of abscess	...	...	...	...	...	...	...	1
Excision of gland	...	...	...	...	...	...	...	1
Periomychia	...	...	...	...	...	...	...	2
Phrenic crush	...	...	...	...	...	...	...	42
Repair to tendon cut	...	...	...	...	...	...	...	1
Termination of pregnancy	...	...	...	...	...	...	...	5
Therapeutic evacuation	...	...	...	...	...	...	...	1
Thoracoscopy	...	...	...	...	...	...	...	1
Thyroidectomy	...	...	...	...	...	...	...	2

BROOKLYN HOSPITAL FOR CHEST DISEASES, KOEBERG ROAD, BROOKLYN.

This institution, with its medical and nursing staff, is under the general supervision of the Medical Superintendent of Hospitals and is dependent on the City Hospital for dispensary and laundry services only.

The total bed state of this hospital is as follows:—

Ward A	...	...	...	...	...	...	...	38
Ward B	...	...	...	...	...	...	...	38
Ward C	...	...	...	...	...	...	...	38
Ward D	...	...	...	...	...	...	...	38
Ward F	...	...	...	...	...	...	...	38
Ward 1 (Malay Ward)	...	...	...	...	...	...	...	24
Ward 2 (School-age boys)	...	...	...	...	...	...	...	24
Surgical Ward (11 male and 11 female beds)	...	...	...	...	...	...	...	22
Total — 272 adults and 24 children.								

The average daily number of in-patients for a series of years is as follows:—

1947-48	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1956
169·2	193·5	252·9	270·6	271·1	295·1	291·5	284·9	278·4

Average length of stay in hospital, calculated over the past five years: Non-European males—305 days, Non-European females—88 days.

The routine graded rest/exercise regime has been continued as the basis of successful treatment.

On January 5th the last two smallpox cases were discharged and in September, 1956, the Public Works Department demolished an old, useless, wood and iron ward within the isolation hospital grounds.

Lack of adequate medical staff curtailed the amount of surgery done during the year.

Bed patients are given diversional therapy and a highly successful exhibition of their work was held.

Both major and minor surgical proceedings, as shown in the attached table, are carried out in this hospital.

NEW BUILDINGS AND DEVELOPMENT OF HOSPITAL GROUNDS.

Between January and May a new area of bush was cleared and grassed between Homes 1 and 2. Mechanical help was provided, which speeded the work considerably.

During August the old zinc roofing of Wards 1 and 2 was replaced with asbestos roofing; these wards are now watertight and respectable in appearance.

In December work was begun on the extension to the non-European nurses' home. On completion, all the nurses will be housed in one building.

OPERATING THEATRE.

The following operations were performed during the year:—

<i>Major Surgery.</i>					<i>Minor Surgery.</i>				
Pneumonectomy	...	...	...	22	Bronchoscopy	...	...	...	23
Thoracoplasty	...	...	...	24	Bronchoscopy under G.A.	...	...	...	5
Thoracoplasty and closure of fistula	...	...	...	1	Biopsy	...	...	...	1
Thoracotomy	...	...	...	1	Resuturing of wounds	...	...	...	15
Lobectomy	...	...	...	36	Intubations	...	...	...	21
Decortication	...	...	...	3	Applications of plaster	...	...	...	2
Decortication and closure of fistula	...	...	...	1	Chest washouts	...	...	...	9
Cholecystectomy	...	...	...	1	Tracing of skin fistula	...	...	...	1
Strangulated hernia	...	...	...	1					
Segmental resection	...	...	...	5					
Appendicectomy	...	...	...	2					
Removal of sponge and closure of fistula	...	...	...	1					
Removal of external angular dermoid	...	...	...	1					
Glossectomy	...	...	...	1					
Dilatation and curettage	...	...	...	4					
Enucleation of eye	...	...	...	1					
Removal of sponge	...	...	...	1					
Inplantation of Radon seeds	...	...	...	1					
Radical mastoidectomy	...	...	...	1					
Radical removal of glands of neck	...	...	...	1					

EXAMINATIONS AND TREATMENT.

	Staff.	In-patients.	Out-patients.	TOTAL.
Screenings	—	64	29	93
Refills—APP	—	76	29	105
Bronchograms	—	70	3	73
Inductions—A.P.P.	—	1	—	1
Examinations	29	—	—	29
Sick Parade	186	—	—	186
Mantoux Test	59	—	—	59
Special injections	9	—	—	9

Intra-pleural injections	...	...	—	63	—	63
Blood sedimentations	...	...	—	—	26	26
Aspirations—chest	...	...	...	105	—	105
Consultations	...	...	...	362	5	367
Lumbar punctures	...	...	...	304	—	304
Eye examinations	...	...	...	60	—	61

X-RAY DEPARTMENT.

						<i>Skiagrams.</i>	<i>Orthopaedic.</i>
Staff	...	...	...	...	...	565	13
In-patients	...	...	...	...	...	2,760	82
Out-patients	...	...	...	...	...	1,946	1
Total						5,271	96

DENTAL CLINIC (7 SESSIONS)

			<i>New cases.</i>	<i>Extractions.</i>	<i>Other.</i>	<i>Total.</i>
Adults	...	...	63	63	32	95
Children	...	...	7	5	4	9

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfecting station and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station. The general ambulance service for the city is operated by the Town Clerk.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
1,841	339	563	682

The distance covered during the year by the vans and ambulances was 86,734 miles.

SCABIES AND PEDICULOSIS.

(CLEANSING STATION.)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows:—

Persons.	First attendances.						Total attendances.					
	Scabies.	Impetigo.	Body lice.	Ring worm.	Head lice.	Total.	Scabies.	Impetigo.	Body lice.	Ring worm.	Head lice.	Total.
<i>Children under 16 years of age:</i>												
European boys	6	—	1	—	—	7	14	—	1	—	—	15
European girls	8	3	—	—	6	17	20	11	—	—	8	39
Non-European boys	156	199	—	2	29	386	403	1,045	—	2	29	1,479
Non-European girls	205	246	—	5	540	996	501	1,284	—	21	602	2,408
Total children	375	448	1	7	575	1,406	938	2,340	1	23	639	3,941
<i>Adults:</i>												
European males	4	1	—	—	—	5	7	2	—	—	—	9
European females	2	—	1	—	—	3	4	—	1	—	—	5
Non-European males	26	6	1	—	—	33	60	20	1	—	—	81
Non-European females	26	6	—	—	5	37	48	17	—	—	5	70
Total adults	58	13	2	—	5	78	119	39	2	—	5	165
<i>Total persons:</i>												
European	20	4	2	—	6	32	45	13	2	—	8	68
Non-European	413	457	1	7	574	1,452	1,012	2,366	1	23	636	4,038
All races	433	461	3	7	580	1,484	1,057	2,379	3	23	644	4,106

N.B.—Some of the cases of scabies were infested also with lice.

LANGA NATIVE HOSPITAL.

At Langa Native Township the Native residents are provided with free medical attention at a hospital with 30 beds and out-patient department, and are visited in their own homes by a nurse or medical officer if required. They are also provided on the same lines as the rest of the Municipality, with infant consultations, pre-natal and dental clinics, a day nursery and health visiting.

The work of the hospital is conducted by Dr. A. J. Wilson, M.B., Ch.B., who is non-resident, and he is assisted by two house physicians. These latter positions have, however, been vacant for certain periods during the year.

The hospital is under the general supervision of the Medical Superintendent of Hospitals, who pays it a weekly visit.

An extern municipal midwifery service is provided for the Township women in their own homes. The confinement fee is 11s.

The activities of the hospital and clinics for the year under report are shown by the following figures:—

Daily mean number of in-patients	...	...	...	...	...	...	21.8
In-patients admitted	...	...	...	...	...	...	788
New out-patients	...	...	...	...	...	...	7,544
Attendances by out-patients	...	...	...	...	...	...	65,652
Visits to patients at their homes by—							
Doctor	...	...	...	...	...	...	2,211
Nurse	...	...	...	...	...	...	713
Midwifery service—							
Confinements attended (extern)	...	...	...	...	...	...	218
Visits made by midwife	...	...	...	...	...	...	3,134
Pre-natal clinic—							
New cases	...	...	...	...	...	...	415
Total attendances	...	...	...	...	...	...	1,645
Infant consultations—							
New cases	...	...	...	...	...	...	401
Total attendances	...	...	...	...	...	...	3,846
Dental clinic—							
New cases	...	...	...	...	...	...	566
Total attendances	...	...	...	...	...	...	1,001
Day nursery—							
New cases	...	...	...	...	...	...	72
Total attendances	...	...	...	...	...	...	12,617

The home address of the in-patients were as follows:—

Langa Native Township	...	...	...	...	...	...	727
Elsewhere in Cape Town Municipality	...	...	...	...	...	...	41
Extra-municipal	...	...	...	...	...	...	20
							<hr/> 788

The following patients were Workmen's Compensation Act cases:—

In-patients	...	...	...	...	...	...	31
Out-patients	...	...	...	...	...	...	521

SECTION IX. SANITARY ADMINISTRATION.

For sanitary inspection the municipality is divided into five divisions, each of which is sub-divided into districts (29 in all). In each division the inspector in charge has no district of his own and he is responsible for the work of the district inspectors in his division and the taking of samples under the Food, Drugs and Disinfectants Act of 1929. The work of the pest control officers is separated from the divisional system. They deal with the inspection of plans in collaboration with the City Engineer's Department, rat-proofing of buildings, the destruction of town and veld rodents and the prevention of mosquito breeding. The district inspectors are also concerned in this work. All the inspectors work under the control of the Chief Health Inspector, who, with his assistant, is also responsible for the municipal wash-houses, the public sanitary conveniences and the taking of samples of water from municipal reservoirs for bacteriological analysis.

The work of the district health inspection staff is, generally speaking, to assist in safeguarding the public health and carrying out the provisions of the Public Health Act. Included in their activities may be cited the following:— The investigation of notified cases of infectious disease, with the exception of tuberculosis, which are referred to health visitors working under the control of the Tuberculosis Officer, and of ophthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken pox, which are referred to the health visitors of the Child Welfare Branch; special follow-up visits made to persons discharged from the City Hospital suspected of being typhoid carriers; the routine inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept, except licensed cowsheds, which are under the control of the Veterinary Officer and the special inspectors attached to the Milk Control Branch; inspections concerning the licensing and regulation of various trades, residential hotels and boarding houses, camping sites and theatres and other places of amusement; the inspection of courts, lanes and alleys, open land, undeveloped areas, standing water and refuse tips; reports on applications for permission to demolish or convert dwellings under section 16 of the Housing Act (No. 35 of 1920) and regulation 42 of the regulations made under section 2 of the Housing (Emergency Powers) Act of 1945; and the de-verminization of incoming Natives to the Langa Native Township or wherever the circumstances demand, and the submission of reports in terms of the Native Service Levy Act, No. 64 of 1952.

HEALTH INSPECTORS.

On the 31st December, 1956, the staff of health inspectors consisted of the principal health inspector, the assistant principal health inspector, 5 divisional health inspectors, 28 health inspectors and 3 learner health inspectors, besides 3 health inspectors for dairies and 4 pest control officers.

The inspections recorded as made by the health inspectors (other than pest control officers) during the year ended 31st December, 1956, were as follows:—

Aerated water factories	...	...	...	...	...	...	116
Attendances at magistrates' courts (<i>re</i> offences)	...	...	...	...	...	...	213
Bakehouses	...	...	...	...	...	...	473
Bakers' vehicles	...	...	...	...	...	...	383
Bakers' shops (without bakehouses)	...	...	...	...	...	...	285
Beaches	...	...	...	...	...	...	75
Billiard saloons	...	...	...	...	...	...	26
Boarding-houses	...	...	...	...	...	...	900
Butchers' vehicles	...	...	...	...	...	...	662
Butchers' shops	...	...	...	...	...	...	5,650
Cafes	...	...	...	...	...	...	815
Cattle dealers' premises	...	...	...	...	...	...	45
Chalets	...	...	...	...	...	...	5,163
Common lodging-houses	...	...	...	...	...	...	10
Courts, lanes and alleys	...	...	...	...	...	...	3,468
Dairy stables	...	...	...	...	...	...	2,379
Dealers' and general dealers' shops (food)	...	...	...	...	...	...	17,548
Dealers' and general dealers' shops (no food)	...	...	...	...	...	...	3,659
Eating-houses	...	...	...	...	...	...	541
Fish vehicles	...	...	...	...	...	...	115
Fish dealers	...	...	...	...	...	...	2,096
Garages	...	...	...	...	...	...	735
Hairdressers	...	...	...	...	...	...	1,957
Hawkers' vehicles	...	...	...	...	...	...	1,417
Hawkers' premises	...	...	...	...	...	...	3,282
Horse stables	...	...	...	...	...	...	753
Ice-cream vehicles	...	...	...	...	...	...	128
Ice-cream purveyors and manufacturers	...	...	...	...	...	...	1,404
Laundries	...	...	...	...	...	...	241
Licensed hotels and bars	...	...	...	...	...	...	201
Mattress-makers and upholsterers	...	...	...	...	...	...	93
Milk-delivery vehicles	...	...	...	...	...	...	421
Milk shops (purveyors of milk)	...	...	...	...	...	...	5,723
Mineral water dealers	...	...	...	...	...	...	155
Native housing reports	...	...	...	...	...	...	2
Natives deloused and vaccinated (<i>re</i> typhus fever)	...	...	...	...	...	...	1,494
Open land	...	...	...	...	...	...	3,130
Other factories and work places	...	...	...	...	...	...	2,572
Other house inspections	...	...	...	...	...	...	27,335
Other places where food is manufactured	...	...	...	...	...	...	860
Other visits	...	...	...	...	...	...	3,054
Personal service notices (<i>re</i> nuisances)	...	...	...	...	...	...	873
Office interviews	...	...	...	...	...	...	2,917
Residential hotels and boarding houses	...	...	...	...	...	...	386
Piggeries	...	...	...	...	...	...	28
Poulterers	...	...	...	...	...	...	229
Places of amusement (<i>re</i> licences)	...	...	...	...	...	...	226
Public markets	...	...	...	...	...	...	3,325
Refuse depositing sites	...	...	...	...	...	...	341
Restaurants	...	...	...	...	...	...	3,591
Schools	...	...	...	...	...	...	205
Side shows	...	...	...	...	...	...	26
Sites or premises (<i>re</i> deposited plans)	...	...	...	...	...	...	443
Sports grounds	...	...	...	...	...	...	10
Standing water, catchpits, etc. (<i>re</i> mosquitoes)	...	...	...	...	...	...	223
Swimming baths	...	...	...	...	...	...	19
Tea shops	...	...	...	...	...	...	2,721
Tenement houses	...	...	...	...	...	...	1,067
Tents	...	...	...	...	...	...	30
Theatres and cinemas	...	...	...	...	...	...	221
Visits made in connection with infectious diseases	...	...	...	...	...	...	1,815
Washhouses	...	...	...	...	...	...	137
Total	...	...	...	...	...	...	118,412

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	...	...	...	...	...	...	23
Visits at which premises were disinfected	...	...	...	...	...	...	4
Drain tests carried out	...	...	...	...	...	...	85

The notices served by health inspectors during the year under review are enumerated below:—

Proceedings begun by:

Verbal notices	...	...	...	...	...	...	912
Formal written notices	...	...	...	...	...	...	2,350
Total proceedings begun	...	...	...	...	...	...	3,262

Written notices following verbal notices:

Total notices served:

Verbal notices	...	...	...	...	...	...	912
Formal notices	...	...	...	...	...	...	2,846
Final notices	...	...	...	...	...	...	343
Total	...	...	...	...	...	...	4,101

The number of items included in the 3,262 notices were as follows:—

	Drainage.	Household.	Business.	Stable.	Other.	Total.
Ward 1 ...	20	42	22	1	12	97
Ward 2 ...	50	70	59	—	25	204
Ward 3 ...	65	84	65	—	32	246
Ward 4 ...	63	94	28	1	16	202
Ward 5 ...	115	120	50	9	25	319
Ward 6 ...	193	191	162	9	64	619
Ward 7 ...	155	125	61	3	63	407
Ward 8 ...	75	58	139	5	56	333
Ward 9 ...	50	84	41	—	49	224
Ward 10 ...	91	153	271	25	136	676
Ward 11 ...	18	30	18	1	24	91
Ward 12 ...	69	52	74	—	38	233
Ward 13 ...	52	70	57	4	27	210
Ward 14 ...	69	67	177	22	96	431
Ward 15 ...	39	38	69	2	46	194
Total ...	1,124	1,278	1,293	82	709	4,486

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains ...	516
Defective water fittings ...	36
Unauthorized structures ...	56
Undrained premises ...	5
Structural defects to premises ...	30
Other defects ...	39

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is “unfit, undesirable or objectionable by reason of its locality, construction or manner of use”. The City Council may also restrict the number or kind of animals to be kept at any such premises.

Since 1929, the City Council has prohibited the use of 145 stable premises. Many others have been closed without formal action by the City Council.

These figures do not include dairy stables that have been closed by order of the City Council.

In the year under review investigations were continued into the possibility of zoning a certain part of the Cape Town Municipality as a stable area for the keeping of animals. Should this project be found practical it would give tradesmen who depend on horse-drawn transport for carrying out their business an opportunity of acquiring land in an area under municipal supervision.

ANTI-RODENT OPERATIONS.

Throughout the sandy open lands of the Cape Flats scattered colonies of gerbilles and groups of other veld rodents are to be found, but plague infection in rodents has not approached nearer to Cape Town than the Ceres basin and the Van Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938, when a few human cases occurred in Port Elizabeth and rats were found to be plague infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 4 pest control officers, and 26 rat catchers. This staff also devotes itself to the examination of the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus alexandrinus* and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction of gerbilles is carried out in the unbuilt part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay, the greater concentration of gerbille activity occurring in the area between Milnerton to Epping, Vasco. The presence of the gerbille is particularly noticeable on the boundary and is indicative of the continued intensive migratory movement of the gerbilles from the north.

In the built-up areas, attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested premises. In the granting of trading licences for grocers’ shops and the like, rat-proofing has been insisted on. Many wood floors in such premises have been replaced by concrete. Rat-proofing is required in accordance with the Union Government Regulations in the erection of new shops and stores or alterations, additions, etc.

With the advent of Warfarin a new and valuable weapon has come to the forefront in the war against domestic rodents (brown and black rats). The remarkable results obtained have justified its extensive use and it has now become one of the principal methods of exterminating rodents. Extensive experiments and trials have resulted in the production of a bait which has been found acceptable to these rodents under all conditions. The experiments conducted from the pest control centre have been fully justified and it is reassuring to observe that there has been no evidence of bait shyness or immunity developing. It has been established beyond all doubt that the number of carcasses when Warfarin is used bears no relation to the number of rodents destroyed. These encouraging results fully justify a more extensive use of this poison and our efforts in this direction are being intensified. It would appear that the numerical value of carcasses recovered can no longer be considered of primary importance, as a fairly accurate assessment of the number of rats destroyed can be made by the quantity of bait laid and consumed. Block poisoning, i.e. dealing with all premises within a given area, has been developed, and excellent results obtained showing that poisoning with the new substance is suitable for operations on an extended scale. This poison is sold in most shops in a ready mixed form, and being easy to use and giving positive results the public are co-operating by obtaining and using cartons.

During the year under review, 15,789 lbs. of Warfarin bait were laid in rat infested areas in the Municipality. Progress is being made in block poisoning and the sea beaches and similar places, which for years have been a problem, have now been almost cleared of rodents by the use of Warfarin.

The work done during the year under review is indicated by the following figures:—

Inspections by pest control officers:							
Re rodents	...	...	...	...	...	...	8,267
Re mosquitoes	...	...	...	...	...	...	3,812
							12,079
Inspections re rodents by other inspectors	...	...	...	...	...	...	31
Inspections re mosquitoes by other inspectors	...	...	...	...	...	...	223
Visits made to lands and premises by rat-catchers:							
Re rodents	...	...	...	...	...	...	57,775
Re mosquitoes	...	...	...	...	...	...	18,785
							76,560
Examination of building plans:							
With requirements	...	...	...	...	...	...	1,557
No objection	...	...	...	...	...	...	277
							1,834
Number of notices served by pest control officers:							
Verbal notices	...	...	...	...	...	...	38
Written notices	...	...	...	...	...	...	65
							103
Number of rodents caught and destroyed:							
Brown rats	...	...	...	...	...	...	4,868
Black rats	...	...	...	...	...	...	1,487
Gerbilles	...	...	...	...	...	...	1,489
							7,844

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by the district health inspectors in connection with rodents.

The rodents destroyed and recovered are shown in the following table:—

RODENTS CAUGHT AND DESTROYED.

Year.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1936	3,757	3,240	610	7,607
1946	9,082	1,879	287	11,248
1956	4,868	1,487	1,489	7,844

MOSQUITOES.

One of the pest control officers specializes also in anti-mosquito work. He investigates local prevalence of mosquitoes discovered through complaints or systematic inspections. He also controls permanent anti-mosquito measures in the Black River Valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Such collections of water are mapped and lodged by the pest control officer. Four of the rat-catching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. In addition to these four operatives, another employee carries out regular treatment of standing water at the sewage disposal works at Athlone.

The revised method in the campaign against mosquitoes of applying Larvicidal Oil of high spreading pressure to the surface of standing water by means of an applicator gun continues to give satisfactory results. Larvicidal Oil containing D.D.T. supplying the required toxicity is applied undiluted to standing water at the rate of 2·4 pints per acre of water surface.

It has been found that fog conditions encourage the migration of adult mosquitoes. The mosquitoes are exclusively of the genus culex. Anopheles and Aedes Egypti are not found.

Intensive mosquito breeding can also occur in trapped street catchpits, which require constant attention by the City Engineer's Department.

The number of inspections of sites and premises made during the year under review was 3,812.

CAMPING.

Camping on private sites within the Municipality of Cape Town has been kept under observation by the health inspectors. During the year 1956, 8 applications for the erection of tents and 1 application for the parking of caravans on private sites were received. These were granted with the exception of one of the tent applications.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 1930 to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the Regulation under the Act, and (b) flour, meal, bread and any other article of food not packed or sold in a sealed package. The number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge was fixed at 724 by Government Notice No. 4166 of 20th May, 1949.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the calendar year 1956:—

Nature of sample.	No. of samples.	Adult-erated.	Prose-cuted.	Repri-manded.	Dis-charged.	With-drawn.	Fined.	Fines. £
Milk ...	386	3	3	—	—	—	3	35
Sausage ...	95	14	14	—	—	—	14	180
Mince meat	71	20	20	—	1	2	15	195
Cream ...	57	—	—	—	—	—	—	—
Polony ...	36	2	2	—	—	—	2	30
Ice cream ...	38	1	1	1	—	—	—	—
Yoghourt ...	3	—	—	—	—	—	—	—
Dripping ...	11	—	—	—	—	—	—	—
Brawn ...	4	—	—	—	—	—	—	—
Cheese ...	12	—	—	—	—	—	—	—
Meat product	1	—	—	—	—	—	—	—
Frozen suckers	3	—	—	—	—	—	—	—
Honey ...	3	—	—	—	—	—	—	—
Margarine ...	2	—	—	—	—	—	—	—
Butter ...	1	—	—	—	—	—	—	—
Fish cake ...	1	—	—	—	—	—	—	—
Total ...	724	40	40	1	1	2	34	440

SALE OF MILK AND ICE CREAM.

Compulsory Pasteurisation of Milk.

Regulations governing the compulsory pasteurisation of all milk offered for sale in Cape Town (except milk from accredited disease-free herds, of which none is licensed at present) came into force on the 8th May, 1953.

During the first year of compulsory pasteurisation a number of difficulties arose which caused some of the pasteurised milk to have a keeping quality which was not entirely satisfactory, and caused some dissatisfaction amongst the consuming public. Steps were immediately taken to improve matters and a marked change took place during the course of the first year and, as was anticipated, a further improvement has taken place during the ensuing period.

The following figures taken over a period of 4 years during the hot months of December illustrate the measure of success obtained.

Period.	Percentage pasteurised milk samples with unsatisfactory bacterial counts.			
December, 1953	47%
December, 1954	15%
December, 1955	5%
December, 1956	0·5%

Staff.

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers who supply milk for consumption in the city and the supervision of all pasteurising plants. He is assisted by two full-time dairy inspectors in the inspection of producers' premises and one inspector who assists in the supervision of pasteurising plants, in taking samples and in the laboratory work. A laboratory technical assistant confines himself to the laboratory where bacteriological and chemical tests are performed and recorded.

The close liaison which exists between the laboratory and the field staffs of the Department is essential if any improvement in the milk supply to the City is to be obtained.

Control of raw milk.

Dairy farms licensed to sell milk in Cape Town	...	...	...	253
Approximate number of gallons of milk produced daily	...	...	...	40,000
Total number of inspections on farms	...	...	...	2,562
Herds inspected	...	...	...	22
Special visits <i>re</i> mastitis contamination of milk supply	...	...	...	17
Investigations regarding souring of milk (No complaints received)	...	...	...	—
Investigations regarding high bacterial counts	...	...	...	140
Letters sent to milk producers <i>re</i> mastitis	...	...	...	121
Letters sent to milk producers <i>re</i> high bacterial counts	...	...	...	97
Recordings of temperature of mechanically cooled milk	...	...	...	960
Milk sediment testing: Numerous tests were carried out as part of the propaganda and educational campaign amongst the producers.	...	...	...

Forty-three samples for tubercle testing were taken from the bulked milk of herds, of which all were found to be negative.

Breed smears of 5,896 samples of milk were examined; 1,357 (23%) samples were unsatisfactory compared with 4,669 tests done during previous period with 51·1 per cent. unsatisfactory.

Smears prepared from the gravitation cream of 1,004 composite bulk samples of producers' milk were examined for mastitis; 123 (12·2%) were positive for mastitis as compared with 984 tests done during previous period with 17·7 per cent. positive.

Chlorine Test:

84 milk samples were tested for chlorine and chloramines; chlorine was detected in one sample.

Control of pasteurised milk.

Pasteurising plants licensed and certified	...	...	...	10
Total number of visits to pasteurising plants	...	...	...	2,607

For the period under review 2,487 phosphatase tests were carried out, of which 68 (2·7%) were not completely pasteurised. Of these, 6 samples were grossly underpasteurised, 19 were underpasteurised and 43 were very slightly underpasteurised.

Breed smears of 2,458 samples of pasteurised milk were examined, of which 40 (1·6%) were unsatisfactory compared with 1,675 samples tested during previous period with 14·2 per cent. unsatisfactory.

B. Coli tests (B. Coli in 1·0 cc. of milk) on 818 samples of pasteurised milk were examined to determine the efficiency of sterilisation of bottles and plant; 398 (48%) were unsatisfactory compared with 568 samples tested during period 1/7/54—30/6/55 with 48 per cent. unsatisfactory.

Vi-tests on 354 persons employed by pasteurising concerns were performed. All tests were negative.

One hundred and eighty samples of cream taken from pasteurising plants were submitted to a modified phosphatase test; 136 proved satisfactory.
Six samples of milk which were suspected to have originated from unauthorised sources were submitted to the phosphatase test. All proved to be unpasteurised.

Control of Ice Cream.

The 12 licensed ice cream factories were visited on 168 occasions. Of the 163 samples of ice cream submitted to the phosphatase test, 2 proved to be underpasteurised. One hundred and fifty-nine samples of ice cream were examined by the Breed smear method; 20 proved unsatisfactory.

Additional Veterinary and Laboratory Work.

The following additional veterinary and laboratory work was carried out during the period under review:

- 1. Outside municipalities: 340 samples of milk were tested by the Breed smear method for other municipalities; of these 280 were satisfactory.
- 2. Numerous tests on the caustic concentration of the sumps of bottle washing machines and "lipstick" tests were performed as part of educational and instructional campaign for benefit of pasteurisers.
- 3. Abattoirs: The Veterinary Officer also deputised for the Director of Abattoirs during that official's absence on leave.

TRADING LICENCES.

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal Regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible Committee after report by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year:—

	Restaurants.	Tea Shops.	Cafes.	Eating-Houses.	Boarding Houses.
1. Applications received	256	1,085	39	36	233
2. Granting of licences recommended (without conditions)	152	850	32	19	192
3. Granting of licences recommended (subject to conditions)	103	231	7	17	38
4. Number under item 3 later reported as having complied with conditions	89	198	5	8	35
5. Refusal of licences recommended	—	1	—	—	—
6. Applications withdrawn	1	3	—	—	3

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938) prohibit any person from carrying on those trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain", unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	28	21	362
Registration certificates issued	17	13	304
Registration granted subject to conditions	8	8	57
Registration refused	1	—	—
Applications withdrawn	2	—	1

Hawkers and Pedlars.

The municipal regulations also require annual licences for hawkers and pedlars.

	Hawkers.	Pedlars.
1. Applications received	1,694	823
2. Granting of licences recommended (without conditions)	788	720
3. Granting of licences recommended (subject to conditions)	896	97
4. Refusal of licences recommended	5	4
5. Number under items 3 and 4 later recommended	67	64
6. Applications withdrawn	5	2

TRADE LICENCES.

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year:—

	General dealers.	Fresh produce dealers.	But- chers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manu- facturers	Apothe- cary.	Live Stock dealer.
1. Applications re- ceived	1,193	455	43	3	65	117	2	17	9
2. Granting of licences recommended (with- out conditions) ...	600	130	13	2	14	56	—	10	6
3. Granting of licences recommended (sub- ject to conditions)	574	315	29	—	50	59	2	7	3
4. Number under item 3 later reported as having complied with conditions ...	431	215	18	—	32	59	2	7	3
5. Refusal of licences recommended ...	7	4	1	—	—	—	—	—	—
6. Applications with- drawn	12	6	—	1	1	2	—	—	—

Figures for restaurant (etc.) keepers are shown on the previous page.

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon, and is reported on in the Mayor's Minute. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and stamped.

Butchers' Meat.

The following is a return of meat condemned at the abattoir with diseases discovered:—

Cause.	No. of items.				Portions (Weight).
	Beef.	Mutton.	Veal.	Pork.	
Adhesions	—	—	—	—	115
Abscess	3,393	7	2	9	1,008
Actinomycosis	311	—	—	—	—
Adenitis	4	—	—	—	—
Anaemia	—	2	1	—	—
Angiomatosis	106	—	—	—	—
Bladderworm	1,771	—	—	74	—
Bruising	603	71	9	1	25,155
Carcinoma	1	2	—	—	—
Caseous lymphadenitis	—	10,918	—	—	716
Cirrhosis	33	2,816	—	74	—
Cysts hydatid	92	2,145	4	508	—
Debility	1	—	—	—	—
Degenerated parasites	—	1	—	—	—
Emaciation	3	42	4	—	—
Enteritis	—	—	1	—	—
Fevered	90	48	22	—	—
Flukes	377	895	2	—	—
Furunculosis	—	—	—	1	—
Gangrene	148	9	—	3	558
Heartwater	1	—	—	—	—
Hepatitis	1	—	—	—	—
Inflammation	85	1	6	7	—
Immature	—	—	21	—	—
Jaundice	5	56	22	—	—
Lumpy skin	17	—	1	—	—
Mastitis	19	1	4	—	—
Melanosis	1	—	—	—	—
Metritis	11	6	—	—	—
Moribund	5	59	4	—	—
Myositis	1	—	—	—	—
Necrosis	2	150	1	193	—
Nephritis	1	23	3	—	—
Oedema	2	7	—	—	—
Pericarditis	55	2	1	3	—
Peritonitis	27	11	—	2	—
Pleurisy	10	13	1	1	60
Pneumonia	35	184	38	4	—
Pyæmia	6	107	13	6	15
Poisoning	—	7	—	—	—
Redwater	7	—	—	—	—
Sarcosporidiosis	17	—	—	4	—
Septicæmia	14	4	2	1	—
Soiled	3	1	—	—	—
Stilesia	—	56,817	—	—	—
Tuberculosis	36	—	—	50	5
Tumours	4	2	—	—	—
Total	7,238	74,407	162	941	27,632

Food Inspection by Health Inspectors.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors or the meat inspector, other than inspections of imported meat during the year:—

						Weight (lb.)					Weight (lb.)
<i>Meat:</i>							Pawpaws	3,638
Turkey	...	...	...	...	56	Peaches	...	...	...	932
Geese	...	...	...	...	6	Pears ...	...	...	...	3,585
Duck ...	...	...	...	...	52	Peppers	...	...	...	40
Fowl ...	...	...	...	...	5,050	Pineapples	...	...	...	3,100
Biltong	...	...	...	...	138	Plums	...	...	...	51
Sausage	...	...	...	...	5	Peanuts	...	...	...	10
<i>Fish:</i>						Potatoes	...	...	...	37,918
Fresh fish	...	...	...	...	253	Potatoes (sweet)	...	...	...	2,675
Preserved fish	...	...	...	...	847	Pumpkin	...	...	...	2,130
Tinned fish	...	...	...	...	2,399	Radish	...	...	...	2,639
<i>Fruit and Vegetables:</i>						Rhubarb	...	...	...	60
Apples	...	...	...	...	292	Spinach	...	...	...	5,610
Apricots	...	...	...	...	2,195	Squash	...	...	...	2,662
Asparagus	...	...	...	...	29	Sweetmelon	...	...	...	1,375
Avocado pears	...	...	...	...	1,221	Swedes	...	...	...	24
Baadjes	...	...	...	...	82	Tomato	...	...	...	11,834
Bananas	...	...	...	...	11,110	Turnip	...	...	...	13,648
Beans (green)	...	...	...	...	56,037	Watermelon	...	...	...	24,240
Beetroot	...	...	...	...	17,568	<i>Other Provisions:</i>				
Bringals	...	...	...	...	800	Beans (dried)	...	...	...	41
Brussels sprouts	...	...	...	...	80	Canned fruit	...	...	...	636
Cabbage	...	...	...	...	129,672	Cereals	...	...	...	970
Cauliflower	...	...	...	...	31,756	Chutney	...	...	...	1,632
Carrots	...	...	...	...	2,857	Delicacies	...	...	...	1,221
Celery	...	...	...	...	259	Eggs ...	...	...	...	160
Chillies	...	...	...	...	1,350	Flour ...	...	...	...	60
Cucumber	...	...	...	...	19,120	Fruit Syrups	...	...	...	87
Dates	...	...	...	...	140	Golden Syrup	...	...	...	82
Egg fruit	...	...	...	...	1,390	Jam ...	...	...	...	303
Figs ...	...	...	...	...	50	Jelly ...	...	...	...	72
Grapes	...	...	...	...	315	Milk, condensed	...	...	...	43
Grape fruit	...	...	...	...	1,360	Milk, raw	...	...	...	13 (gal.)
Granadilla	...	...	...	...	20	Milk, powder	...	...	...	91
Guavas	...	...	...	...	175	Molasses	...	...	...	728
Kohl kohl	...	...	...	...	24	Mustard	...	...	...	24
Koljaner	...	...	...	...	45	Peas, dried	...	...	...	16
Leeks	...	...	...	...	731	Pickles	...	...	...	101
Lemons	...	...	...	...	4,764	Preserved fruit	...	...	...	25
Lettuce	...	...	...	...	11,475	Spaghetti	...	...	...	14
Mangoes	...	...	...	...	628	Sauerkraut	...	...	...	8
Marrows	...	...	...	...	2,520	Sugar	...	...	...	1,026
Mealies	...	...	...	...	140	Sweets	...	...	...	4
Mint ...	...	...	...	...	382	Spice	...	...	...	5
Mixed vegetables	...	...	...	...	60	Sweetcorn	...	...	...	3
Okra ...	...	...	...	...	424	Rice ...	...	...	...	114
Onions	...	...	...	...	39,415	Tinned meat	...	...	...	289
Oranges	...	...	...	...	361	Tinned sausage	...	...	...	48
Parsley	...	...	...	...	481	Tinned soup ...	...	...	...	36
Parsnips	...	...	...	...	704	Tinned vegetables	...	...	...	410
Peas (green)	...	...	...	...	9,151	Unlabelled tins	...	...	...	1,095
						Walnuts	...	...	...	46

Consignments of fruit and vegetables received at the early morning market are still being found to be contaminated with various types of insecticidal sprays.

One of the health inspectors spends much of his time at the market, primarily for the purpose of examining and seizing foodstuffs unfit for human consumption. In recent years he has had the added difficulty and responsibility of detecting and investigating commodities which might have been treated with some chemical or poisonous solution. The market agent may sometimes be given the option of washing such consignments, but as suitable facilities for such operations are not provided at the market, the consignment has more often than not had to be destroyed.

It is rather perturbing that farmers in this country should even consider despatching into the city consignments of foodstuffs treated with some chemical known to be toxic to man. It would appear that joint action by the Union Health Department and the Department of Agriculture to obviate such a position is indicated.

CASES BEFORE THE MAGISTRATES.

The following table gives particulars of cases heard by the magistrates during the calendar year 1956, at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was

summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.				Total Fines.
	Total.	Fined.	Dis- charged.	No. of persons sum- monsed.	
					£ s. d.
Dwelling-house premises in insanitary condi- tion	3	3	—	12	19 0 0
Insanitary conditions or other offences at food premises	9	8	1	12	81 0 0
Insanitary conditions or other offences in transport or delivery of foodstuffs:					
Milk	9	9	—	12	113 0 0
Other foodstuffs	3	3	—	3	22 0 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:					
Milk	1	1	—	1	5 0 0
Meat products	8	8	—	9	135 0 0
Minced meat	12	12	—	12	140 0 0
Selling unpasteurised milk	1	1	—	1	25 0 0
Unlicensed meat vehicle	1	1	—	1	8 0 0
Trading as purveyor of milk without licence ...	7	7	—	11	90 0 0
Trading as hawker without licence	3	3	—	7	8 0 0
Carrying on restaurant without licence ...	3	3	—	3	22 0 0
Other nuisances or insanitary conditions ...	1	—	1	1	—
Total	61	59	2	85	668 0 0

MUNICIPAL WASHHOUSES.

There are now six washhouses in the Municipality of Cape Town, namely, at Hout Street, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at each of two an assistant caretaker, and at one washhouse (Hout Street) there are two caretakers. At the Hanover Street washhouse the washing troughs are supplied with steam, and “hydro-extractor” drying chambers, ironing machines and electric irons are provided. All the others are supplied with cold water only and the drying and bleaching are done in the open air.

The charges for washing and ironing are: for washing 6d. per day and for ironing (including use of electric irons) 2d. per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 1s. per half day and 2s. per full day for washing and ironing (combined).

At Hout Street washhouse there is an installation for hot and cold water shower-baths. The charges for the use of the shower-baths are as follows: adults 3d., children 2d.

The attendances and takings at the washhouses (including ironing rooms) during the year were as follows:—

					Attendances.	Money taken.		
						£	s.	d.
Hout Street	...	...	...	...	9,991	303	19	2
Hanover Street	...	...	...	...	9,183	847	1	0
Salt River	...	...	...	...	4,622	98	8	0
Mowbray	...	...	...	...	10,417	411	9	4
Claremont	...	...	...	...	11,012	330	9	10
Wynberg	...	...	...	...	6,465	201	10	8
					51,690	2,192	18	0

The attendances and takings at the Hout Street shower-baths during the year were as follows:—

					Shower-baths.	
					Attendances.	Money taken.
						£ s. d.
Adults	...	...	...	...	29,217	365 19 3
Children	...	...	...	...	858	7 3 0
Total	...	...	...	...	30,075	373 2 3

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each,

detached, semi-detached or in terraces. Private enterprise is to-day making no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay and Green Point areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz. the occupation of unauthorized and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to drive out the occupants from the only shelter available for them.

These housing conditions have been aggravated by the influx of Natives from the territories attracted by the prospect of remunerative employment. Nevertheless they are of old standing. The Director of Census published a statistical report on Coloured housing in Cape Town based on the 1921 census; and the Medical Officer of Health submitted a report in 1924 and 1932 based on a housing survey in central Cape Town, in which the overcrowding and housing shortage were clearly brought out and municipal housing urged as the primary remedy. The matter has since been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 1956 the City Council, the Citizens' Housing League Utility Company and, latterly, the Servitas Organization have completed the erection of over 11,000 dwellings, in addition to the building of Langa Native Township.

The Cape Flats Distress Association (Cafda) entered the field of sub-economic housing with the erection at Grassy Park of 100 pairs of semi-detached dwellings conforming to the Housing Commission's Type N.E. 51/9 and comprising 2 bedrooms, living room, kitchen and bathroom, standing on two plots of ground each 40' x 70'.

The scheme was completed in June, 1956, and provided reasonably good accommodation for the sub-economic non-European who previously occupied shacks, sheds or camped on the mountain.

Intensive social work has also been done to rehabilitate these families to adjust them to modern urban patterns of life. Many of the families have settled down very well.

A further scheme for 136 houses is under consideration.

The Council erects houses for non-Europeans departmentally. Two building units are functioning with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission. New developments in Native housing are in progress at the moment, and one of the building units builds Native houses only, employing Native labour almost exclusively.

The dwellings completed by the City Council in the year under review were as follows:—

	Houses.	Hostels.	Average cost per dwelling.
			£
Bridge Town, Athlone (non-European)	464	—	440
Silvertown, Athlone (non-European)	134	—	440
Kew Town, Athlone (non-European)	143	—	440
Brooklyn (European)	48	—	1,400
Langa Native Township	—	390	885

During the year under review the Citizens' Housing League Utility Company erected the following dwellings:—

- (a) One block of flats for Europeans at Wynberg. Approximate cost £65,000.
- (b) 32 houses for Europeans at Brooklyn. Average cost £1,647.
- (c) One block of flats for Europeans at Thornton. Cost £37,300.
- (d) 68 houses for Europeans at Thornton. Average cost £2,275.
- (e) 13 houses for Europeans at Epping. Average cost £1,675.
- (f) 304 houses for Coloureds at Bishop Lavis Township. Average cost £435.

Of the above only (a) and (b) are within the municipal area.

The Servitas Housing Organization reports the following work undertaken during the year:—

	Houses.
Off Flora Road, Retreat	12
Diaz Garden Village, Grassy Park	46
Da Gama Garden Village, Grassy Park	29

The first scheme is within the municipal area; the two latter schemes are outside the municipal area but adjacent to the city boundary. All the houses are two and three-bedroomed, standing in separate plots of 5,000 sq. ft. and intended for non-European occupation. Plans are in hand for further schemes at Athlone, Crawford, Grassy Park and Retreat.

In addition, Servitas has embarked on a scheme of up to 150 houses at Lakeside for Europeans in the lower income group.

The dwellings completed bring the figures from 1920 to 1956, for public housing operations in Cape Town and suburbs (exclusive of Langa Native Township) to the following:—

	European.	Non-European.	Total.
Within Cape Town municipal area:			
City Council	1,094	6,167	7,261
Citizens' Housing League Utility Co. ...	1,034	28	1,062
Cafda	—	200	200
	2,128	6,395	8,523
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co. ...	2,442	718	3,160
Servitas Organisation	—	188	188
Total	4,570	7,301	11,871

The number of new dwelling houses built in the calendar year 1956 in the Municipality as compared with the growth of population is shown in the following table:—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123
1925	5,380	335
1935	6,430	1,937
1945	10,400	870
1955	14,960	2,155
1956	15,620	1,936

SECTION X. OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE.

The City Council provides medical attention in their homes for indigent sick persons needing such service. Since 1st April, 1944, the work has been carried out by a permanent medical officer. It is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc., are made with local chemists.

The visits made by the medical officer in the year under report were as follows:—

Ward 1	93	Ward 10	97
„ 2	137	„ 11	4
„ 3	118	„ 12	101
„ 4	41	„ 13	99
„ 5	650	„ 14	159
„ 6	224	„ 15	274
„ 7	358		
„ 8	368	Total	2,839
„ 9	116		

One half of the cost of medical attention and medicines and the full cost of surgical appliances are refunded to the City Council by the Union Government.

FREE BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 31st December, 1956, the number of such burials was 378.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar year 1956.

Income from voluntary sources	£1,436 18 9
Subsidy from Department of Social Welfare	£35,154 14 9
Expenditure on relief, excluding administration costs	£13,849 15 4
Number of applications received	1,758

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes. Accommodation is provided for 105 pensioners. Aged Coloureds are accommodated in the Hostel at £2 5s. 0d. per month inclusive. Recreational facilities and other amenities are provided to make old age as comfortable as possible.

Two day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Coloured children aged three months to six years. The European nursery in Harrington Street has accommodation for 50 children.

HYDROGEN CYANIDE FUMIGATION.

Under the Hydrogen Cyanide Fumigation Regulations (Government Notices Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any "building or premises" with hydrogen cyanide unless he has obtained a certificate of competence from the Union Health Department or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorized by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 31st December, 1956, there were no certificates issued by the Medical Officer of Health.

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes of the mountain chain, is well placed for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter, but this is being gradually overcome by the extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest natural outfall, namely the sea, or the Liesbeek and Black Rivers with their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis and thence to the sea.

The Keyser River has now been widened and deepened from Zand Vlei to the Main Road. The canalization of the Diep River upstream from Little Princess Vlei has now reached the Suburban railway line.

SEWERAGE.

With the exception of a few outlying areas, such as Windermere, portions of Athlone, Crawford, Claremont, Heathfield, Retreat, etc., practically the entire built-up part of the Municipality is provided with water-borne sewerage facilities.

Rapid progress is being made in the construction of the Windermere, Belmead, Rompe Valley and the Retreat main sewerage schemes. Portions of Windermere, Rompe Valley and the Retreat areas have already been connected to the sewerage system and the Belmead Scheme is nearly complete.

The construction of the Clovelly Sewerage reticulation and the pumping station structure have been completed. The scheme awaits the installation of pumping equipment.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of stercus in the outlying unsewered areas, but two removals weekly are effected in the Windermere area. In parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush and, in winter, through water, to reach isolated places. On Muizenberg Flats in the sand dunes, animal-drawn sledges have to be used for the work. The work is carried out in the day-time. An initial payment of £1 7s. 6d. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of 1s. 3d. per removal.

The stercus collected in the district Diep River to Heathfield is buried in trenches on municipal land at Southfield. Elsewhere it is passed in to the sewers at the depositing depots at Camps Bay, Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

In terms of an old agreement, certain owners of properties in the unsewered areas of the old Wynberg Municipality and in Clovelly were permitted to continue using "O'Brien" dry earth closets until such time as they could connect their properties to the drainage system.

The City Engineer's Department serviced these closets once weekly free of service charge.

The City Engineer's Department also serviced all "O'Brien" installations in other unsewered areas where property owners preferred such dry earth closets to the ordinary sanitary pails. In such cases owners were required to pay an installation fee of £19 10s. 0d. together with a charge of 2s. 6d. for each clearance effected. Temporary installations were also serviced on building sites, etc., upon application and payment of prescribed charges.

The City Engineer's Department also provided a slop water service for a small number of properties in the Clovelly area.

HOUSE REFUSE REMOVALS.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

In Cape Town proper, every weekday, and on Sundays in certain congested parts. Sunday services are carried out at other premises, also, on special payment.

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to special payment.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week at general properties, but every weekday at certain business premises.

In the Southern suburbs from Mowbray to Heathfield and in the Maitland ward, three times a week but with a daily service to certain business premises.

In Windermere two removals weekly.

In Muizenberg-Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding-houses and certain business premises. During the summer season refuse removals are executed from hotels on Sundays on payment of a special charge.

Clifton, Camps Bay and Lakeside three times a week.

Added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 497,327 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

SECTION XI. STAFF OF CITY HEALTH DEPARTMENT.

The authorized establishment of the City Health Department as at 31st December, 1956, was as follows:—

ADMINISTRATIVE BRANCH.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Administrative Officer.
Assistant Administrative Officer.
Chief Clerk.
Principal Clerk.
Clerks, 17.
Junior Clerk.
Clerk/Typiste.
Senior Shorthand Typiste.
Senior Secretarial Assistant.
Head Office Messenger.
Messenger (Works & Districts).
Motor Driver.
Caretaker/Cleaner.
Labourer.

HEALTH INSPECTION BRANCH.

Principal Health Inspector.
Assistant Principal Health Inspector.
Pest Control Officers, 4.
Divisional Health Inspectors, 5.
Senior Health Inspectors, 22.
Health Inspectors, 6.
Learner Health Inspectors, 3.
Clerk.
Junior Clerk.
Clerk/Typiste.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 4.
Assistant Washhouse Caretaker.
Motor Driver.
Stores Yardsman.
Ratcatchers, 22.
Checker.
Fireman/Stoker.
Labourers, 5.
Attendants at Public Sanitary Conveniences, 155.

MILK CONTROL.

Veterinary Officer.
Dairy Inspectors, 3.
Laboratory Technician.

MATERNAL AND CHILD WELFARE BRANCH.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Clinical Medical Officers, 2.
Principal Health Visitor.
Assistant Principal Health Visitor.
Clinic Sisters/Health Visitors, 31.
Senior Health Visitors, 3.
Clinic Nurses/Junior Health Visitors, 7.
Junior Health Visitors, 6.
Nursery School Supervisor.
Nursery School Teacher.
Junior Nursery School Teachers, 6.
Senior Social Welfare Visitor.
Clerk/Typistes, 5.
Clerk.
Junior Crèche Superintendent.
Clinic Assistants, 5.
Laundresses, 3.
Domestics, 19.
Children's Helps, 3.
Motor Drivers, 4.
Cooking Hands, 15.
Store/Hand.
Labourer.
Night Watchmen, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Deputy Tuberculosis Officer.
Clinical Medical Officer.

Senior Radiographer.
Clinic Sister/Health Visitors, 10.
Clinic Nurses, 4.
Clerk/Typistes, 2.
Clerks, 8.
Clinic Assistants, 4.
Domestic.
Caretaker/Cleaner.
Labourers, 2.

VENEREAL DISEASES BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Clinic Sister.
Clerk.
Domestic.
Labourers, 2.

DENTAL BRANCH.

Principal Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Senior Dental Mechanic.
Dental Mechanics, 3.
Apprentice Dental Mechanic.
Clerks, 3.
Clerk/Typiste.
Social Welfare Visitor.
Clinic Assistants, 3.
Senior Clinic Nurse.
Dental Nurses, 4.
Laundress.
Domestic.
Caretaker/Cleaner.
Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent of Hospitals.
Resident Medical Officers, 2.
House Physicians, 3.
Matron.
Assistant Matron.
Sisters, 20.
Staff Nurses, 18.
Student Nurses, 24.
Nurses, 5.
Nurse Aides, 28.
Nursing Assistants, 44.
Head Male Nurse.
Male Nurses, 2.
Principal Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Radiographer.
Occupational Therapist.
Disinfection Officer.
Ambulance Officer.
Principal Clerk.
Clerks, 2.
Junior Clerk.
Clerk/Typiste.
Clinic Assistant.
Senior Works Foreman.
Handyman/Electrician.
Handyman/Carpenter.
Brush Hand.
Works Storeman.
Boiler Attendant.
Painter.
Labourers, 15.
Laundry Supervisor.
Assistant Laundry Supervisor.
Laundresses, 40.
Housekeeper.
Housemaids, 36.
Native Male Orderlies, 56.

Hospital Cooks, 5.
 Senior Telephone Operators, 2.
 Telephone Operator.
 Senior Hospital Porter.
 Hospital Porters, 4.
 Ambulance and Motor Drivers, 5.

BROOKLYN HOSPITAL.

Deputy Medical Superintendent.
 Resident Medical Officers, 3.
 Intern.
 Matron.
 Sisters, 13.
 Staff Nurses, 25.
 Non-European Nurse Aides, 52.
 Non-European Male Nursing Assistant.
 Radiographer.
 Occupational Therapist.
 Lady Warden.
 Clinic Assistant.
 Clerks, 2.
 Senior Works Foreman.
 Handyman/Carpenter.
 Brush Hand.
 Boiler Attendant.

Labourers, 15.
 Storekeepers, 2.
 Housekeeper.
 Seamstress.
 Kitchen Supervisor.
 Hospital Cooks, 4.
 Native Male Orderlies, 61.
 Hospital Porters, 4.
 Senior Telephone Operator.
 Telephone Operators, 2.
 Patrolmen, 3.
 Motor Driver.

LANGA HOSPITAL.

Medical Officer.
 House Physicians, 2.
 Matron.
 Sister.
 Native Nurses, 6.
 Junior Native Male Nurse.
 Native Male Nursing Assistants, 4.
 Native Midwives, 3.
 Native Male Orderlies, 2.
 Housemaid.
 Domestic.
 Hospital Cooks, 2.

CHANGES IN PERSONNEL.

Mr. A. J. Carlile, pest control officer, left the department on 31st August, 1956, after 19 years' service.
 Mrs. I. M. Thompson, clinic sister, left the department on 30th September, 1956, after 6 years' service.
 Mrs. M. L. Broughton, clerk, left the department on 9th June, 1956, after 19 years' service.

TABLE B. Deaths Classified for Causes and Race, 1956.

(Corrected)

International Code No.	CAUSE OF DEATH.					European.	Coloured.	Native.	Asiatic.	Non- European.	All Races.
001-008	Tuberculosis, respiratory system	...	...	...	...	21	151	26	1	178	199
010-019	Tuberculosis, other forms	...	...	...	...	5	41	14	1	56	61
020-029	Syphilis	...	...	...	...	10	14	5	—	19	29
040	Typhoid fever	...	...	...	...	—	—	—	—	—	—
045-048	Dysentery	...	...	...	...	1	6	2	—	8	9
055	Diphtheria	...	...	...	...	—	3	—	—	3	3
056	Whooping cough	...	...	...	...	—	1	—	—	1	1
057	Meningococcal infections	...	...	...	...	2	3	—	1	4	6
080	Acute poliomyelitis	...	...	...	...	—	5	—	—	5	5
085-086	Measles	...	...	...	...	—	2	2	—	4	4
	Other diseases classified as infective and parasitic	...	...	...	...	3	23	6	—	29	32
140-205	Malignant neoplasms	...	...	...	...	311	207	17	1	225	536
210-239	Benign neoplasms	...	...	...	...	12	2	1	—	3	15
260	Diabetes mellitus	...	...	...	...	8	8	—	—	8	16
290-293	Anaemias	...	...	...	...	4	4	—	—	4	8
330-334	Vascular lesions affecting central nervous system	...	...	...	...	315	250	12	4	266	581
340	Non-meningococcal infections	...	...	...	...	1	15	5	—	20	21
400-402	Rheumatic fever	...	...	...	...	1	2	—	—	2	3
410-416	Chronic rheumatic heart disease	...	...	...	...	23	40	2	—	42	65
420-422	Arteriosclerotic and degenerative heart disease	...	...	...	...	523	253	9	19	281	804
430-434	Other diseases of heart	...	...	...	...	90	65	5	2	72	162
440-443	Hypertension with heart disease	...	...	...	...	54	105	11	1	117	171
444-447	Hypertension without mention of heart	...	...	...	...	25	35	2	—	37	62
450-456	Diseases of the arteries	...	...	...	...	54	31	1	1	33	87
480-483	Influenza	...	...	...	...	2	1	—	—	1	3
490-493	Pneumonia	...	...	...	...	58	172	57	2	231	289
500-502	Bronchitis	...	...	...	...	10	34	6	—	40	50
540-541	Ulcer of stomach and duodenum	...	...	...	...	7	5	—	—	5	12
550-553	Appendicitis	...	...	...	...	3	2	—	—	2	5
560, 561, 570	Intestinal obstruction and hernia	...	...	...	...	12	5	1	—	6	18
571-572	Gastritis, enteritis and colitis	...	...	...	...	21	419	181	2	602	623
581	Cirrhosis of liver	...	...	...	...	20	13	—	1	14	34
590-594	Nephritis and nephrosis	...	...	...	...	25	37	4	—	41	66
610	Hyperplasia of prostate	...	...	...	...	9	3	—	1	4	13
640-652	Complications of pregnancy and childbirth	...	...	...	...	1	14	—	—	14	15
670-689	Congenital malformations	...	...	...	...	17	41	2	—	43	60
750-759	Birth injuries and post-natal asphyxia	...	...	...	...	19	77	18	3	98	117
760-762	Infections of newborn	...	...	...	...	4	42	11	2	55	59
763-768	Other infant diseases and immaturity	...	...	...	...	32	190	34	5	229	261
769-776	Senility and ill defined	...	...	...	...	57	64	26	—	90	147
780-795	Motor vehicle accidents	...	...	...	...	33	40	8	1	49	82
810-835	All other accidents	...	...	...	...	36	50	23	1	74	110
800-802	Suicide	...	...	...	...	11	6	—	—	6	17
840-965	Homicide	...	...	...	...	1	34	21	—	55	56
970-979	Other causes	...	...	...	...	89	96	16	3	116	205
980-999	Total	...	...	...	...	1,930	2,611	528	52	3,191	5,126*

*Including 5 of unknown race.

TABLE C. Deaths by Cause and Date of Registration, 1956.
(Corrected for Outward Transfers.)

International Code No.	Disease.	Race.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Year.
001-008	Tuberculosis of respiratory system	Eur.	3	1	—	—	3	1	4	—	—	2	2	2	18
		Non-E.	14	12	17	20	12	18	13	7	16	13	13	15	170
010-019	Tuberculosis, other forms ...	Eur.	—	2	1	—	1	—	—	—	—	—	1	—	5
		Non-E.	6	4	2	4	4	4	5	5	9	1	6	4	54
020-029	Syphilis and its sequelae ...	Eur.	—	2	2	—	—	2	—	3	—	—	—	—	9
		Non-E.	1	1	2	2	1	1	2	3	2	1	1	2	18
040-041	Typhoid fever ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	1	—	—	—	—	1	1	—	—	—	3
056	Whooping cough ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	1	—	1
057	Meningococcal infections ...	Eur.	—	—	—	—	—	—	—	—	1	—	—	1	2
		Non-E.	1	—	—	—	—	1	1	—	1	—	—	—	4
080	Acute poliomyelitis ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	1	—	1	—	—	1	2	5
085-086	Measles and rubella ...	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	1	—	—	—	1	—	2	—	—	—	—	—	4
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues ...	Eur.	16	18	32	29	34	16	30	26	24	28	27	18	298
		Non-E.	15	18	23	18	21	18	20	21	15	16	19	18	222
260	Diabetes ...	Eur.	—	—	—	1	—	1	4	—	—	1	1	—	8
		Non-E.	—	—	—	1	—	—	2	1	2	1	—	—	7
330-334	Vascular lesions affecting central nervous system ...	Eur.	25	22	21	24	20	34	37	27	23	21	19	24	297
		Non-E.	20	11	23	23	19	27	33	28	25	17	16	18	260
400-402	Rheumatic fever ...	Eur.	—	—	1	—	—	—	—	—	—	—	—	—	1
		Non-E.	—	—	1	—	—	—	—	—	1	—	—	—	2
410-416	Cardiovascular diseases ...	Eur.	52	37	44	46	48	59	67	57	67	58	40	50	625
420-422		Non-E.	38	17	27	27	38	39	37	37	30	38	32	30	390
430-434															
440-443	Hypertensive diseases ...	Eur.	3	2	8	6	6	9	14	6	6	5	8	3	76
444-447		Non-E.	11	4	9	6	15	22	23	15	12	10	18	5	150
450-456	Diseases of the arteries ...	Eur.	2	3	5	8	5	3	5	3	2	8	5	3	52
		Non-E.	3	—	4	2	2	2	5	3	4	2	2	3	32
480-483	Influenza ...	Eur.	—	—	—	—	—	2	—	—	—	—	—	—	2
		Non-E.	—	—	—	—	1	—	—	—	—	—	—	—	1
490-493	Pneumonia (including pneumonia of the new born) ...	Eur.	6	4	2	6	5	6	6	5	5	3	4	3	55
763		Non-E.	16	15	20	16	29	33	37	28	23	17	14	14	262
500-502	Bronchitis ...	Eur.	2	1	—	—	1	—	1	1	—	2	—	2	10
		Non-E.	3	2	1	4	5	2	4	6	2	5	6	—	40
571, 764	Gastro-enteritis and colitis (in- cluding diarrhoea of the new born)	Eur.	—	2	3	2	3	1	2	—	1	2	1	—	17
		Non-E.	69	104	105	95	55	32	29	19	14	23	30	39	614
590-594	Nephritis ...	Eur.	1	—	2	4	3	6	—	3	1	1	3	1	25
		Non-E.	4	3	1	2	4	6	4	3	4	4	4	1	40
640-652	Complications of pregnancy, child- birth and the puerperium ...	Eur.	—	—	—	—	—	—	—	1	—	—	—	—	1
670-689		Non-E.	—	—	1	2	2	1	2	1	2	3	—	—	14
750-759	Congenital malformations ...	Eur.	1	1	1	1	3	1	1	2	2	4	—	—	17
		Non-E.	5	3	4	2	2	3	3	4	4	4	3	5	42
760-762	Birth injuries, post-natal asphyxia and atelectasis ...	Eur.	—	2	2	2	3	4	1	1	4	—	—	—	19
		Non-E.	12	5	7	5	8	8	12	6	10	8	11	6	98
765-768	Other diseases peculiar to early infancy and immaturity un- qualified	Eur.	2	4	4	—	3	3	6	4	3	2	1	1	33
769-776		Non-E.	22	21	17	13	25	24	22	15	19	28	21	10	237
780-795	Senility and ill-defined diseases ...	Eur.	7	6	3	6	5	6	4	6	5	4	2	3	57
		Non-E.	9	5	11	11	6	10	8	3	9	4	6	6	88
E810-E835	Motor vehicle accidents ...	Eur.	1	2	3	3	3	4	—	1	5	5	2	2	31
		Non-E.	2	6	4	—	4	5	2	4	3	7	5	5	47
E800-E802	All other accidents ...	Eur.	3	1	3	2	3	5	4	3	5	4	—	1	34
E840-E965		Non-E.	2	6	5	6	12	8	11	5	3	6	3	6	73
E970-E979	Suicide ...	Eur.	1	2	1	—	—	1	1	1	1	1	1	1	11
		Non-E.	—	1	1	1	—	—	—	—	—	2	1	—	6
E980-E985	Homicide ...	Eur.	—	—	—	—	—	—	—	—	1	—	—	—	1
		Non-E.	2	3	3	6	7	6	3	2	9	6	7	1	55
—	All causes ...	Eur.	137	118	150	153	169	176	208	161	171	163	133	122	1,861
		Non-E.	269	252	305	293	295	289	300	239	238	225	234	207	3,146

TABLE D. Death Rates per 1,000 Population for 1956 and Ten Previous Years by Cause.

(Corrected for Outward Transfers.)

Disease.		Race.	1945 — 1946	1946 — 1947	1947 — 1948	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954	1954 — 1955	Mean for 10 years	1956
Enteric fever	... ..	Eur. Non-E.	0·02 0·06	0·03 0·12	0·03 0·04	0·01 0·04	— 0·03	— 0·02	— 0·01	— 0·01	— 0·01	— 0·02	0·01 0·03	— —
Measles	... ..	Eur. Non-E.	0·01 0·15	0·01 0·10	0·01 0·13	— 0·08	0·02 0·13	— 0·06	— —	— 0·07	— 0·06	0·01 0·08	0·00 0·08	— 0·01
Scarlet fever	... ..	Eur. Non-E.	— 0·01	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 0·00	— —
Whooping cough	... ..	Eur. Non-E.	— 0·03	0·01 0·09	0·03 0·48	0·01 0·08	0·01 0·29	0·01 0·09	0·01 0·10	— 0·07	— 0·03	— 0·08	0·01 0·13	— 0·00
Diphtheria	... ..	Eur. Non-E.	0·01 0·06	0·01 0·03	0·02 0·03	0·02 0·02	0·02 0·04	— 0·04	0·01 —	0·02 0·02	— —	0·01 0·03	0·01 0·03	— 0·01
Influenza	... ..	Eur. Non-E.	0·02 0·05	0·02 0·05	0·05 0·02	0·02 0·06	0·02 0·04	0·05 0·02	0·02 0·02	0·02 0·03	— 0·03	0·02 0·03	0·02 0·03	0·01 0·00
Purulent infection—septicaemia, and erysipelas (<i>non- puerperal</i>)	... ..	Eur. Non-E.	0·02 0·02	0·01 0·02	0·01 —	0·02 0·01	0·02 0·02	— —	— 0·02	— 0·01	0·01 0·01	— —	0·01 0·01	0·01 0·03
Acute anterior poliomyelitis and polioencephalitis	...	Eur. Non-E.	0·01 0·01	— —	0·01 —	— —	— —	— —	0·01 —	0·02 —	0·03 —	— —	0·01 —	— 0·02
Acute infectious encephalitis	... ..	Eur. Non-E.	— —	— 0·01	— —	— —	— —	— 0·01	— —	— —	— 0·003	— 0·003	— 0·00	— 0·02
Meningococcal cerebrospinal meningitis	... ..	Eur. Non-E.	0·01 0·06	0·01 0·03	0·01 0·04	0·02 0·03	0·03 0·06	0·02 0·05	0·01 0·02	— 0·04	0·01 0·01	0·01 0·02	0·01 0·04	0·01 0·01
Tuberculosis, respiratory system	... ..	Eur. Non-E.	0·64 5·00	0·60 4·24	0·56 4·54	0·37 3·82	0·48 3·13	0·39 2·76	0·24 2·49	0·17 1·68	0·20 1·37	0·14 0·91	0·38 2·82	0·11 0·58
Tuberculosis, other forms	... ..	Eur. Non-E.	0·10 0·98	0·10 0·93	0·11 0·90	0·08 0·87	0·09 0·82	0·07 0·72	0·03 0·48	0·04 0·39	0·04 0·40	0·02 0·30	0·07 0·65	0·03 0·18
Syphilis	... ..	Eur. Non-E.	0·03 0·35	0·02 0·33	— 0·23	— 0·18	0·02 0·19	0·01 0·12	0·02 0·13	0·01 0·08	— 0·04	— 0·02	0·01 0·15	0·01 0·03
General paralysis of the insane: tabes dorsalis	...	Eur. Non-E.	0·02 0·08	0·02 0·10	0·02 0·09	0·01 0·06	— 0·04	0·01 0·04	0·01 0·02	0·01 0·03	— 0·03	0·01 —	0·01 0·04	0·03 0·02
Aneurysm of the aorta	... ..	Eur. Non-E.	0·06 0·12	0·04 0·13	0·04 0·05	0·02 0·05	0·04 0·04	0·02 0·03	0·02 0·03	0·04 0·02	0·02 0·02	0·02 0·02	0·03 0·05	0·02 0·01
Cancer*	... ..	Eur. Non-E.	1·37 0·76	1·49 0·68	1·45 0·73	1·40 0·68	1·40 0·75	1·43 0·67	1·55 0·76	1·46 0·75	1·62 0·79	1·55 0·71	1·47 0·73	1·61 0·73

TABLE D Continued.

Disease.	Race.	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Mean for 10 years	1956
		— 1946	— 1947	— 1948	— 1949	— 1950	— 1951	— 1952	— 1953	— 1954	— 1955		1956
Acute rheumatic fever	Eur. Non-E.	0·01 0·10	0·01 0·09	— 0·05	0·01 0·05	0·02 0·07	0·02 0·06	0·01 0·04	0·01 0·03	0·01 0·04	0·01 0·02	0·01 0·05	0·01 0·01
Diabetes	Eur. Non-E.	0·21 0·10	0·18 0·08	0·25 0·11	0·17 0·11	0·19 0·11	0·19 0·13	0·19 0·10	0·19 0·14	0·22 0·10	0·14 0·13	0·20 0·11	0·04 0·03
Intracranial lesions of vascular origin†	Eur. Non-E.	0·94 0·82	0·93 0·88	1·08 0·71	0·99 0·75	1·04 0·89	1·27 0·97	1·10 1·01	1·24 0·85	1·06 0·71	1·19 0·84	1·40	1·63 0·86
Arterio-sclerosis†	Eur. Non-E.	0·32 0·15	0·28 0·13	0·33 0·14	0·32 0·27	0·27 0·25	0·35 0·20	0·26 0·29	0·36 0·20	0·33 0·15	0·29 0·16		0·23 0·08
Cardiac diseases	Eur. Non-E.	2·50 2·12	2·55 1·95	3·10 2·03	2·69 1·64	2·68 1·47	2·79 1·43	3·04 1·66	2·75 1·34	2·78 1·30	2·98 1·38	2·79 1·60	3·58 1·66
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur. Non-E.	0·36 2·55	0·38 2·47	0·36 2·61	0·40 1·80	0·40 1·92	0·31 1·46	0·37 1·30	0·29 1·12	0·43 0·91	0·40 0·98	0·37 1·63	0·36 0·98
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur. Non-E.	0·17 1·82	0·15 1·68	0·13 1·80	0·10 2·22	0·10 1·82	0·11 2·32	0·10 2·51	0·07 2·41	0·05 2·27	0·08 2·46	0·11 2·16	0·09 1·99
Nephritis	Eur. Non-E.	0·36 0·47	0·33 0·38	0·41 0·39	0·39 0·41	0·35 0·28	0·37 0·25	0·28 0·27	0·16 0·24	0·16 0·16	0·13 0·16	0·29 0·29	0·13 0·13
Puerperal sepsis	Eur. Non-E.	0·01 0·04	— 0·02	— 0·02	0·01 —	— —	0·01 0·01	— 0·02	— 0·01	0·01 0·03	0·01 0·01	0·00 0·02	0·01 0·01
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0·03 0·07	0·01 0·06	0·02 0·05	0·02 0·09	0·01 0·04	— 0·05	0·01 0·04	0·01 0·06	0·02 0·04	0·02 0·07	0·01 0·06	— 0·04
Congenital malformations and diseases of early infancy	Eur. Non-E.	0·45 1·64	0·41 1·77	0·46 1·58	0·36 1·51	0·35 1·32	0·30 1·26	0·42 1·33	0·30 1·26	0·44 1·26	0·19 0·92	0·37 1·36	0·36 1·22
Senility	Eur. Non-E.	0·18 0·12	0·21 0·10	0·15 0·10	0·13 0·06	0·14 0·06	0·13 0·03	0·19 0·08	0·15 0·02	0·18 0·06	0·12 0·03	0·16 0·06	0·14 0·02
Accidents, poisonings and violence (external cause) ...	Eur. Non-E.	0·42 0·74	0·44 0·74	0·59 0·62	0·45 0·62	0·52 0·66	0·43 0·58	0·47 0·61	0·40 0·57	0·41 0·62	0·37 0·57	0·45 0·63	0·42 0·60
Other causes	Eur. Non-E.	1·35 1·50	1·20 1·45	1·32 1·51	1·61 1·88	1·49 1·96	1·28 1·58	1·52 1·63	1·64 1·70	1·35 1·79	1·44 1·57	1·42 1·66	1·19 1·09
TOTAL	Eur. Non-E.	9·62 19·99	9·44 18·64	10·52 19·04	9·60 17·38	9·68 16·44	9·55 14·97	9·88 14·99	9·33 13·12	9·37 12·25	9·15 11·52	9·61 15·47	10·00 10·34

† There has been some variation in the allocation of deaths as between these two causes for the years 1945-46—1952-53.

* Including deaths from Hodgkin's disease, leukaemia and aleukaemia in the year 1953-54, in accordance with the new International Classification List of Causes of Death.

TABLE E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1956.
(Corrected)

International Code No.	DISEASE.	RACE.	Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 weeks & under 2 months.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	TOTAL under one year.			Langa Native Township.					
			1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	M.	F.	Per- sons.	M.	F.	Per- sons.	M.	F.	Per- sons.				
010	Tuberculosis, meningeal	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
011	Tuberculosis, abdominal	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
001-008 012-019	Tuberculosis, other forms	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Syphilis, congenital	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
055	Diphtheria	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
056	Whooping cough	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
085-086	Measles and rubella	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
050	Scarlet fever	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
283	Rickets	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
340	Simple meningitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
500-502	Bronchitis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
490-493 763	Pneumonia (all forms)	Eur. Non-E.	—	3	4	—	—	1	—	2	15	5	9	37	17	14	19	14	10	6	1	5	5	6	6	3	1	4	72	72	144	—	8	
571, 764	Diarrhoea and enteritis	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
750-759	Congenital malformations	Eur. Non-E.	4	—	—	2	—	—	—	6	—	2	3	8	2	2	1	2	1	1	3	—	—	—	—	—	8	3	11	252	195	447	—	13
760-761	Injury at birth	Eur. Non-E.	9	3	1	—	—	—	—	13	—	—	—	59	—	—	—	—	—	—	—	—	—	—	—	—	7	7	14	13	34	—	—	
774-776	Immaturity	Eur. Non-E.	14	6	2	1	—	—	—	23	—	1	1	24	5	1	—	—	—	—	—	—	—	—	—	—	17	7	24	80	184	—	—	
762 765-773	Other diseases peculiar to early infancy	Eur. Non-E.	6	2	1	1	3	—	—	11	—	1	—	12	1	2	1	1	1	—	3	—	—	—	—	—	10	5	15	31	91	—	—	
E924- E925	Accidental mechanical suffocation ...	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
E926	Lack of care.	Non-E. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
—	Other and ill-defined or unknown causes	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		Eur. Non-E.	33	11	5	4	1	—	—	55	—	5	1	61	6	7	5	1	5	1	1	1	—	—	—	—	57	31	88	31	70	—	—	
		Eur. Non-E.	139	68	32	30	20	12	7	308	48	23	24	403	68	83	96	78	72	69	58	43	42	38	40	610	480	1,090	18	22	40	—	40	
	Totals	All Races	172	79	37	34	21	13	7	363	48	28	25	464	74	90	101	79	77	70	59	44	42	38	40	670	512	1,182*	18	22	40	—	40	

* Including 4 of unknown race.

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1956.

(Corrected.)

	Place of Death.	All infants.				Legitimate.				Illegitimate.				No statement.	
		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.	Post neo-natal.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
European	Hospital	33	20	12	6	30	19	11	6	3	—	—	—	1	1
	Domiciliary	5	3	7	2	5	3	7	2	—	—	—	—	—	—
Coloured	Hospital	101	82	81	61	67	50	52	36	27	28	14	16	11	24
	Domiciliary	84	62	180	160	58	44	118	98	21	15	56	51	8	17
Native	Hospital	26	13	33	16	17	4	18	9	4	6	7	4	8	11
	Domiciliary	16	9	79	73	10	5	46	45	4	2	17	10	4	34
Asiatic	Hospital	5	—	1	—	5	—	1	—	—	—	—	—	—	—
	Domiciliary	2	3	2	1	2	3	2	1	—	—	—	—	—	—
Non-European	Hospital	132	95	115	77	89	54	71	45	31	34	21	20	19	35
	Domiciliary	102	74	261	234	70	52	166	144	25	17	73	61	12	51
All races*	Hospital	165	115	127	83	119	73	82	51	34	34	21	20	20	36
	Domiciliary	107	77	268	236	75	55	173	146	25	17	73	61	12	51

*Including 3 males and 1 female of unknown race.

TABLE G. Registered Births and Still-Births for the year 1956, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions.

(Corrected)

Wards.	EUROPEAN.						NON-EUROPEAN.						TOTALS.				STILL-BIRTHS.				Total still-births.	Percentage of total births, including still-births, occurring in institutions.	
	Legitimate.		Illegitimate.		Total.		Legitimate.		Illegitimate.		Total.		European.		Non-European.								
																	European.		Non-European.				
	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Legit.	Illegit.	Legit.	Illegit.							
1. ...	107	128	1	—	108	128	236	7	15	19	25	26	51	236	51	287	3	—	—	1	4	98	87
2. ...	89	95	2	2	91	97	188	60	29	36	97	96	193	188	193	381	—	—	7	—	7	91	58
3. ...	114	94	4	—	118	94	212	204	55	66	254	270	524	212	524	736	4	—	21	2	27	96	45
4. ...	91	116	4	11	95	127	222	13	14	25	39	38	77	222	77	299	2	—	3	6	11	94	71
5. ...	86	95	2	1	88	96	184	401	133	122	480	523	1,003	184	1,003	1,187	5	—	18	5	28	93	52
6. ...	40	33	6	4	46	37	83	443	130	110	586	553	1,139	83	1,139	1,222	2	—	25	8	35	67	47
7. ...	106	91	11	9	117	100	217	230	55	43	264	273	537	217	537	754	3	—	13	4	20	66	50
8. ...	197	195	—	2	197	197	394	557	260	283	858	840	1,698	394	1,698	2,092	10	—	52	26	88	64	56
9. ...	133	156	9	12	142	168	310	49	21	18	78	67	145	310	145	455	6	—	3	3	12	86	54
10. ...	80	79	2	1	82	80	162	1,046	227	250	1,221	1,296	2,517	162	2,517	2,679	2	—	60	23	85	64	33
11. ...	112	110	2	1	114	111	225	51	13	15	75	66	141	225	141	366	3	—	5	1	9	93	40
12. ...	116	119	2	1	118	120	238	145	47	35	231	180	411	238	411	649	4	—	8	1	13	90	36
13. ...	124	112	5	—	129	112	241	138	41	39	198	177	375	241	375	616	5	—	7	5	17	90	37
14. ...	196	203	3	4	199	207	406	211	48	66	282	277	559	406	559	965	5	—	15	4	24	77	28
15. ...	137	124	7	1	144	125	269	411	167	170	615	581	1,196	269	1,196	1,465	5	—	39	9	53	73	28
Not allocated (un-ascertained addresses)	—	—	—	—	—	—	—	2	3	3	8	6	14	—	14	14	—	—	—	—	—	—	5
Total ...	1,728	1,750	60	49	1,788	1,799	3,587	3,969	1,261	1,300	5,311	5,269	10,580	3,587	10,580	14,171*	59	—	276	98	433	82	42
Excluded from above figures.																							
(1) Births in Cape Town which did not belong thereto																							
(2) Langa Native Township ...																							

*Including 4 of unknown race.

TABLE H. Births in Institutions, 1956.
LIVE-BIRTHS.

Institution.	Total Live-births.		Live-births belonging to Cape Town.		Live-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Peninsula Maternity Hospital	460	1,813	354	1,397	106	416
Somerset Hospital	—	1,949	—	1,239	—	710
Salvation Army Maternity Home	—	1,399	—	1,133	—	266
St. Joseph's Sanatorium	1,203	3	673	3	530	—
St. Monica's Home	—	1,056	—	772	—	284
Mowbray Maternity Hospital	1,040	6	654	6	386	—
Booth Memorial Hospital	557	—	457	—	100	—
Kingsbury Nursing Home	482	—	355	—	127	—
Delherbe Nursing Home	392	—	345	—	47	—
Military Hospital	160	1	95	1	65	—
Magdalena Huis	71	—	5	—	66	—
House of Correction	1	22	1	7	—	15
Groote Schuur Hospital	2	7	2	5	—	2
Leeukop Sanatorium	3	—	3	—	—	—
Other institutions	2	3	2	3	—	—
Total	4,373	6,259	2,946	4,566	1,427	1,693

STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Somerset Hospital	—	134	—	77	—	57
Peninsula Maternity Hospital	14	103	3	62	11	41
St. Monica's Home	—	37	—	29	—	8
Salvation Army Maternity Home	—	30	—	26	—	4
Mowbray Maternity Hospital	21	—	13	—	8	—
St. Joseph's Sanatorium	16	—	11	—	5	—
Kingsbury Nursing Home	7	—	5	—	2	—
Booth Memorial Hospital	6	—	4	—	2	—
Delherbe Nursing Home	6	—	5	—	1	—
Military Hospital	5	—	2	—	3	—
Groote Schuur Hospital	—	5	—	2	—	3
House of Correction	—	1	—	1	—	—
Total	75	310	43	197	32	113

TABLE I. Populations and Vital Statistics for the separate Wards of the City, 1956.

(Corrected for outward transfers.)

WARDS.	Calculated Populations on the 30th June, 1956.			Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate births, percentage of total births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase Excess of births over deaths.		Natural Increase rates per 1,000 Persons.		Deaths under 1 year of age		Infant Mortality (per 1,000 Births).		Deaths from Tuberculosis (all forms).		Death rates from Tuberculosis (all forms) per 1,000 Persons.	
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1	15,370	4,790	20,160	236	51	15.4	10.7	1	34	0.4	67	194	18	12.6	3.8	42	33	2.7	6.9	3	6	13	118	1	1	0.07	0.21
2	12,920	8,300	21,220	188	193	14.6	23.3	4	65	2.1	34	134	54	10.4	6.5	54	139	4.2	16.7	8	13	43	67	2	9	0.15	1.08
3	9,620	16,970	26,590	212	524	22.0	30.9	4	121	1.9	23	73	127	7.6	7.5	139	397	14.4	23.4	4	45	19	86	2	3	0.21	0.18
4	17,270	4,390	21,660	222	77	12.9	17.5	15	39	6.8	51	178	15	10.3	3.4	44	62	2.5	14.1	6	5	27	65	2	1	0.12	0.23
5	9,070	34,320	43,390	184	1,003	20.3	29.2	3	255	1.6	25	120	293	13.2	8.5	64	710	7.1	20.7	5	92	27	92	—	21	—	0.61
6	6,320	35,230	41,550	83	1,139	13.1	32.3	10	240	12.0	21	42	292	6.6	8.3	41	847	6.5	24.0	1	80	12	70	2	17	0.32	0.48
7	14,060	16,970	31,030	217	537	15.4	31.6	20	98	9.2	18	108	153	7.7	9.0	109	384	7.8	22.6	8	43	37	80	3	13	0.21	0.77
8	17,640	41,610	59,250	394	1,698	22.3	40.8	2	543	0.5	32	133	644	7.5	15.5	261	1,054	14.8	25.3	7	268	18	158	4	52	0.23	1.25
9	19,210	10,480	29,690	310	145	16.1	13.8	21	39	6.8	27	230	42	12.0	4.0	80	103	4.2	9.8	13	12	42	83	—	3	—	0.29
10	5,360	45,410	50,770	162	2,517	30.2	55.4	3	477	1.9	19	36	664	6.7	14.6	126	1,853	23.5	40.8	3	230	19	91	1	54	0.19	1.19
11	14,020	8,520	22,540	225	141	16.1	16.6	3	28	1.3	20	136	24	9.7	2.8	89	117	6.3	13.7	8	6	36	43	2	2	0.14	0.23
12	13,620	16,800	30,420	238	411	17.5	24.5	3	82	1.3	20	113	115	8.3	6.8	125	296	9.2	17.6	4	30	17	73	1	5	0.07	0.30
13	11,570	15,590	27,160	241	375	20.8	24.1	5	80	2.1	21	155	114	13.4	7.3	86	261	7.4	16.7	5	30	21	80	3	16	0.26	1.03
14	14,020	17,660	31,680	406	559	29.0	31.7	7	114	1.7	20	150	186	10.7	10.5	256	373	18.3	21.1	7	62	17	111	1	4	0.07	0.23
15	11,290	30,370	41,660	269	1,196	23.8	39.4	8	335	3.0	28	124	408	11.0	13.4	145	788	12.8	25.9	5	155	19	130	2	28	0.18	0.92
Not allocated	—	—	—	—	14	—	—	—	9	—	—	4	42	—	—	—	—	—	—	1	13	—	—	—	5	—	—
City of Cape Town*	192,850	308,670	501,520	3,587	10,580	18.6	34.3	109	2,559	3.0	24	1,930	3,191	10.0	10.3	1,657	7,389	8.6	23.9	88	1,090	25	103	26	234	0.13	0.76

* Exclusive of all figures relating to the Langa Native Township, but inclusive of population in the harbour and shipping and residents enumerated on trains.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1956.

Race.	Births.		Deaths.		Natural increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans: uncorrected corrected for outward transfers corrected for outward and inward transfers	5,011 3,574 3,587	26·0 18·5 18·6	2,311 1,861 1,930	12·0 9·7 10·0	— — 1,657	— — 8·6	144 88 88	29 25 25
Other Coloured: uncorrected corrected for outward transfers corrected for outward and inward transfers	10,490 9,184 9,189	40·1 35·1 35·1	3,103 2,575 2,611	11·9 9·8 10·0	— — 6,578	— — 25·1	1,021 810 811	97 88 88
Natives (not Langa): uncorrected corrected for outward transfers corrected for outward and inward transfers	1,487 1,058 1,059	37·6 26·7 26·8	678 519 528	17·1 13·1 13·4	— — 531	— — 13·4	334 264 265	225 250 250
Asiatics: uncorrected corrected for outward transfers corrected for outward and inward transfers	341 332 332	45·2 44·0 44·0	59 52 52	7·8 7·0 7·0	— — 280	— — 37·1	16 14 14	47 42 42
All non-Europeans: uncorrected corrected for outward transfers corrected for outward and inward transfers	12,318 10,574 10,580	39·9 34·3 34·3	3,840 3,146 3,191	12·4 10·2 10·3	— — 7,389	— — 23·9	1,371 1,088 1,090	111 103 103
All races: uncorrected corrected for outward transfers corrected for outward and inward transfers	17,333† 14,152 14,171	34·6 28·2 28·3	6,156* 5,012 5,126	12·3 10·0 10·2	— — 9,045	— — 18·0	1,519† 1,180 1,182	88 83 83
Natives resident at Langa Township	178	9·0	121	6·1	57	2·9	40	225

†Including 4 of unknown race.

*Including 5 of unknown race.

All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live-births.

TABLE K. Infant Mortality Rates per 1,000 Births by Cause.
(Corrected for outward transfers.)

INFANTS UNDER ONE YEAR OF AGE.

PERIOD.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Quinquennium 1916-1917 to 1920-1921 ...	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
*1921-1922 to 1925-1926 ...	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1926-1927 to 1930-1931 ...	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1931-1932 to 1935-1936 ...	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1936-1937 to 1940-1941 ...	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1941-1942 to 1945-1946 ...	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	37.9	130.7
1946-1947 to 1950-1951 ...	0.5	2.8	0.8	8.7	—	2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1
1951-1952 to 1956 ...	0.1	1.0	0.2	4.2	—	0.5	2.3	15.1	2.3	42.9	15.6	25.8	5.1	14.2	25.6	103.6
Year.																
1951-1952 ...	0.3	1.2	—	6.0	—	0.9	2.7	17.2	2.7	40.9	18.8	27.2	4.4	12.9	28.8	106.3
1952-1953 ...	—	1.1	0.6	4.8	—	0.7	1.4	13.3	2.0	41.9	13.6	26.1	3.7	13.5	21.3	101.4
1953-1954 ...	—	0.8	0.3	4.3	—	0.3	4.9	13.6	1.7	41.6	15.9	22.5	7.5	17.5	30.4	100.5
1954-1955 ...	—	1.6	0.3	3.3	—	0.3	1.5	15.5	1.8	45.4	14.0	22.3	3.9	12.4	21.5	100.8
1956 ...	—	0.2	—	2.6	—	0.2	1.1	14.8	3.1	42.2	14.8	29.2	5.6	13.8	24.5	103.0

* Year of influenza epidemic 1918-1919 excluded (mean of other 4 years of quinquennium shown).
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

INFANTS FROM 1 TO 2 YEARS OF AGE.*

PERIOD.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Quinquennium 1926-1927 to 1930-1931 ...	2.8	6.4	1.1	6.9	—	1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to 1935-1936 ...	2.1	6.2	0.9	7.5	—	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to 1940-1941 ...	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to 1945-1946 ...	0.9	3.9	0.9	14.1	—	0.9	0.9	19.3	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to 1950-1951 ...	0.3	3.6	0.7	12.7	—	0.6	0.6	9.6	0.6	13.3	—	0.1	0.8	4.1	3.0	44.0
1951-1952 to 1956 ...	0.4	1.1	0.5	6.1	—	0.1	0.4	4.6	0.6	17.3	0.2	0.2	1.1	4.3	3.1	33.8
YEAR.																
1951-1952 ...	0.3	6.8	0.6	9.3	—	0.3	0.9	5.6	0.9	19.1	—	0.1	2.4	4.0	5.2	39.0
1952-1953 ...	0.6	1.6	0.6	6.3	—	—	0.6	4.7	0.6	18.3	0.3	—	0.6	4.6	3.3	35.5
1953-1954 ...	—	1.0	1.2	5.9	—	—	0.3	3.9	0.6	15.8	—	0.3	1.2	3.1	3.2	30.1
1954-1955 ...	0.3	2.3	—	5.8	—	0.1	—	4.3	0.3	19.1	0.6	0.3	0.9	4.8	2.1	36.7
1956 ...	—	0.3	—	3.5	—	—	—	4.6	0.6	14.3	0.3	0.4	0.3	4.8	1.2	27.9

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

TABLE L. Estimated Populations and Vital Statistic Rates since 1913.

PERIODS.		Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for outward transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for inward and outward transfers.				Enteric fever death rates, corrected for outward transfers.			Tuberculosis (all forms) death rates corrected for outward transfers.			
		Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Birth rates.	Death rates.	Natural increase rates.	Infant Mortality rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	
2 Years and 296 days	1913-1914 to 1915-1916	—	—	—	28.97	47.23	37.85	6.99	25.83	18.41	12.04	27.15	19.39	15.34	18.67	16.96	95.07	218.61	170.18					0.19	0.32	0.25	1.04	4.69	2.82	
	1916-1917 to 1920-1921	—	—	—	26.71	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	14.26	90.84	211.71	164.02					0.23	0.47	0.34	0.88	4.47	2.53	
	1921-1922 to 1925-1926	—	—	—	21.49	49.59	34.23	5.35	24.76	18.12	10.11	26.67	17.62	11.38	22.92	16.61	71.91	181.58	144.15					0.13	0.28	0.20	0.79	4.09	2.28	
	1926-1927 to 1930-1931	—	—	—	21.43	50.21	34.93	5.50	23.10	17.37	10.52	26.17	17.86	10.91	24.04	17.07	62.77	169.35	134.67					0.08	0.21	0.14	0.74	4.75	2.62	
	1931-1932 to 1935-1936	—	—	—	18.17	48.90	32.84	4.96	22.55	17.47	10.31	23.95	16.82	7.86	24.95	16.02	49.64	147.16	119.01	18.39	10.57	7.82	49.57	0.04	0.08	0.06	0.84	4.99	2.82	
	1936-1937 to 1940-1941	—	—	—	18.72	46.91	32.63	4.93	21.86	16.93	10.07	21.25	15.58	8.65	25.66	17.05	41.25	122.89	98.17	18.96	10.46	8.50	40.95	0.01	0.05	0.03	0.76	4.55	2.62	
	1941-1942 to 1945-1946	—	—	—	20.82	43.51	32.44	3.82	22.96	17.04	10.25	22.47	16.52	10.57	21.04	15.92	37.87	130.68	102.08	21.18	10.70	10.48	38.29	0.02	0.07	0.04	0.72	6.06	3.45	
	1946-1947 to 1950-1951	—	—	—	19.92	43.26	32.60	2.95	23.65	17.91	9.76	17.20	13.82	10.16	26.06	18.78	29.59	109.12	87.34	20.43	10.09	10.34	29.32	0.01	0.05	0.03	0.57	4.50	2.71	
	1951-1952 to 1956	—	—	—	18.2	37.8	29.8	3.2	24.5	19.2		9.6	12.3	11.2	8.6	25.5	18.6	25.3	102.4	83.5					—	0.0	0.0	0.2	1.7	1.1
	Year	1921-1922	103,130	83,450	186,580	23.02	50.69	35.41	5.31	25.86	18.50	10.68	25.90	17.49	12.34	24.79	17.92	69.50	173.29	136.24					0.20	0.50	0.34	0.98	3.43	2.07
1922-1923		105,330	86,200	191,530	21.36	49.44	34.00	5.82	25.25	18.54	10.00	26.95	17.63	11.36	22.49	16.37	80.44	196.39	156.33					0.21	0.31	0.26	0.75	4.12	2.27	
1923-1924		107,580	89,030	196,610	21.39	49.47	34.12	5.11	24.21	17.70	10.20	28.66	18.58	11.19	20.81	15.54	72.39	187.27	148.36					0.11	0.22	0.16	0.73	4.47	2.42	
1924-1925		109,870	91,960	201,830	21.16	51.55	35.02	5.84	24.12	18.15	10.09	26.86	17.74	11.07	25.69	17.28	71.94	173.93	140.43					0.07	0.21	0.14	0.85	4.51	2.52	
1925-1926		112,220	94,990	207,210	20.84	47.46	33.05	4.67	24.20	17.55	9.61	24.94	16.66	11.23	22.52	16.39	65.18	175.49	138.21					0.07	0.18	0.12	0.63	3.87	2.11	
1926-1927		114,420	97,700	212,120	20.55	50.50	34.35	5.54	23.03	17.40	10.39	28.08	18.54	10.16	22.42	15.81	67.38	186.59	148.09	22.95	10.75	12.20	57.37	0.13	0.28	0.20	0.85	4.61	2.58	
1927-1928		128,740	113,590	242,330	21.71	49.32	34.65	5.38	23.18	17.26	10.53	28.50	18.96	11.18	20.82	15.69	60.28	190.62	147.36					0.08	0.22	0.14	0.83	4.61	2.60	
1928-1929		131,290	116,490	247,780	21.48	51.18	35.45	6.01	22.65	17.31	10.69	25.51	17.79	11.24	24.62	17.55	60.69	160.03	127.23					0.10	0.22	0.15	0.65	4.55	2.48	
1929-1930		133,890	119,460	253,350	21.97	49.73	35.06	4.98	23.63	17.45	10.73	25.11	17.51	11.24	24.62	17.55	60.69	160.03	127.23					0.06	0.14	0.10	0.70	5.15	2.79	
1930-1931		136,550	122,500	259,050	21.57	50.16	34.93	5.59	23.01	17.42	10.73	25.11	17.51	11.24	24.62	17.55	60.69	160.03	127.23					0.06	0.14	0.10	0.70	5.15	2.79	
1931-1932		139,070	125,620	264,690	20.62	50.92	35.00	4.86	23.04	17.42	10.76	26.33	18.15	9.86	24.59	16.58	67.13	167.74	136.59	20.84	11.00	9.84	66.78	0.09	0.19	0.14	0.80	5.48	3.02	
1932-1933		141,870	128,820	270,690	17.83	48.12	32.25	4.40	22.44	17.21	9.98	21.94	15.67	7.85	26.18	16.58	48.77	143.48	116.14	18.03	10.33	7.70	49.39	0.02	0.04	0.03	0.90	5.15	2.92	
1933-1934		144,730	132,110	276,840	17.74	50.46	33.36	5.31	23.39	18.36	9.21	22.85	15.73	8.53	27.61	17.63	34.75	133.27	106.07					0.01	0.05	0.03	0.89	5.24	2.96	
1934-1935		147,640	135,470	283,110	16.59	46.84	31.06	4.75	21.90	17.13	10.85	24.80	17.52	8.53	27.61	17.63	34.75	133.27	106.07					0.04	0.07	0.05	0.84	4.66	2.66	
1935-1936		150,610	138,930	289,540	18.09	48.03	32.45	5.42	21.98	17.18	10.68	23.74	16.95	7.41	24.29	15.50	45.14	145.68	116.53	18.37	10.88	7.49	44.80	0.02	0.04	0.03	0.79	4.45	2.55	
1936-1937		152,290	142,520	294,810	17.17	48.37	32.26	4.72	21.91	17.19	9.76	19.48	14.47	7.41	28.89	17.79	47.16	108.95	92.04	17.35	9.96	7.39	46.68	0.01	0.09	0.05	0.55	4.19	2.31	
1937-1938		153,300	146,220	299,520	19.13	47.53	32.99	5.47	21.11	16.47	10.56	23.45	16.85	8.57	24.08	16.14	41.03	128.86	102.79	19.41	10.82	8.59	40.43	0.03	0.05	0.04	0.86	4.76	2.75	
1938-1939		154,320	150,040	304,360	18.52	46.62	32.37	5.02	22.35	17.32	10.06	21.66	15.78	8.46	24.96	16.59	42.11	123.56	99.93	18.75	10.49	8.26	41.93	0.01	0.03	0.02	0.79	4.77	2.75	
1939-1940		155,350	153,980	309,330	19.59	46.43	32.95	5.02	21.77	16.77	9.87	19.89	14.86	9.72	26.54	18.09	40.96	123.91	99.14	19.83	10.29	9.54	40.81	0.01	0.02	0.01	0.72	4.25	2.48	
1940-1941		156,380	158,050	314,430	19.18	45.77	32.54	4.41	22.14	16.94	10.12	21.72	15.96	9.06	24.05	16.58	35.77	128.78	101.62					0.01	0.06	0.04	0.77	4.77	2.78	
1941-1942		159,630	162,250	321,880	19.97	42.35	31.27	4.57	22.12	16.60	10.85	23.30	17.14	9.12	19.05	14.13	43.81	150.61	117.19	20.30	11.20	9.10	43.41							

TABLE M. Vital Statistic Rates for Various Centres.
(Corrected for outward transfers.)

Centre.	Birth rate.					Death rate.					Infant mortality rate.					All forms of tuberculosis: death rate.				
	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE
Benoni ...	24·05	28·61	55·88	47·44	—	6·61	16·21	16·47	14·65	—	32·9	243·6	84·1	161·8	—	0·06	0·78	0·59	0·47	—
Bloemfontein ...	23·11	—	—	—	34·45	7·06	—	—	—	19·14	25·8	—	—	—	167·0	—	—	—	—	—
Cape Town ...	18·6	26·8	44·0	35·1	34·3	10·01	13·35	6·89	9·98	10·34	24·5	250·2	42·2	88·3	103·0	0·13	1·01	0·26	0·73	0·76
Durban ...	20·45	31·22	35·67	43·40	—	9·76	21·93	10·29	9·99	—	17·9	307·6	70·2	60·2	—	0·08	2·14	0·31	0·43	—
East London ...	27·85	44·13	33·20	47·25	—	12·25	36·77	8·44	22·18	—	30·2	432·6	50·8	91·0	—	—	—	—	—	—
Kimberley ...	22·43	48·69	—	36·86	—	7·43	17·64	—	14·77	—	23·3	101·8	—	90·4	—	0·05	0·87	—	0·92	—
King William's Town	16·61	14·85	61·07	52·96	—	9·41	10·76	7·63	12·78	—	8·9	333·3	—	150·5	—	0·29	1·08	—	0·51	—
Krugersdorp ...	26·7	19·02	28·7	54·5	—	7·3	10·4	7·5	19·0	—	36·6	199·3	43·5	137·6	—	0·20	0·88	1·25	0·5	—
Pietermaritzburg ...	19·1	42·0	31·5	38·2	—	8·6	6·7	5·8	4·5	—	26·3	61·8	40·5	35·3	—	—	—	—	—	—
Roodepoort-Maraiburg ...	22·33	38·19	40·83	32·38	37·82	6·00	12·00	5·83	11·43	8·51	20·9	132·9	81·6	117·7	136·0	—	0·09	—	—	0·06
Port Elizabeth ...	25·91	26·43	27·41	42·6	—	7·79	21·41	6·19	17·06	—	25·8	401·3	32·3	135·6	—	0·14	4·29	0·88	2·48	—
Randfontein ...	26·84	39·0	—	—	21·43	7·18	18·90	—	—	12·56	36·5	191·0	—	—	170·5	—	—	—	—	—
Union of South Africa (1954) ...	24·59	—	34·7	47·3	—	8·60	—	8·7	17·6	—	33·3	—	60·4	128·7	—	—	—	—	—	—
England and Wales (1954) ...	15·2	—	—	—	—	11·3	—	—	—	—	25·0	—	—	—	—	0·18	—	—	—	—
County of London (1954) ...	15·3	—	—	—	—	10·7	—	—	—	—	21·0	—	—	—	—	0·20	—	—	—	—

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1956.

E.—European. O.—Non-European.

Period.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
January ...	15	169	184	—	12	12	2	11	13	1	2	3	3	2	5	—	2	2	—	2	2	—	—	1	1		
February ...	20	143	163	—	18	18	1	12	13	—	2	2	2	15	15	—	—	4	—	3	4	—	—	—	—		
March ...	11	146	157	3	19	22	—	5	4	3	1	1	9	6	15	1	2	1	—	1	3	—	—	—	—		
April ...	10	91	101	1	21	22	—	2	4	—	—	—	10	—	10	—	1	—	—	1	4	—	—	—	—		
May ...	12	137	149	3	14	17	—	3	3	—	—	—	2	1	3	—	1	—	—	2	2	—	—	—	—		
June ...	12	111	123	—	11	11	—	6	6	—	—	—	12	1	13	—	—	—	—	6	6	—	—	—	—		
July ...	19	121	140	—	11	11	—	5	5	—	—	—	1	2	3	—	—	—	—	2	4	—	—	—	—		
August ...	10	156	166	—	24	24	—	2	2	—	—	—	8	1	9	—	—	—	—	2	6	—	—	—	—		
September ...	12	138	150	1	23	24	—	1	2	—	—	—	10	2	12	—	—	—	—	9	10	—	—	—	—		
October ...	13	149	162	2	14	16	—	8	11	3	8	10	7	2	9	—	2	—	—	1	9	—	—	—	—		
November ...	26	160	186	1	16	17	—	9	10	1	7	8	6	2	6	1	—	—	—	1	3	—	—	—	—		
December ...	12	94	106	1	11	12	—	4	4	—	3	3	6	—	6	1	—	—	—	2	5	—	—	—	—		
Year ...	172	1,615	1,787	12	194	206	9	68	77	11	38	49	93	17	110	4	9	13	36	48	1	17	18	39	85	124	

Period.	Ophthalmia			Puerperal fever.			Leprosy.			Typhus.			Malta fever.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
January ...	2	25	27	—	1	1	—	—	—	—	—	—	—	—	—	3	18	21	26	246	272
February ...	1	26	27	—	3	3	—	—	—	—	—	—	—	—	—	9	11	20	47	218	265
March ...	—	24	24	—	—	—	—	—	—	—	—	—	—	—	—	4	8	12	31	213	244
April ...	1	17	18	—	1	1	—	—	—	—	—	—	—	—	—	—	8	8	29	149	178
May ...	1	27	28	—	—	—	—	—	—	—	—	—	—	—	—	—	7	9	24	201	225
June ...	—	13	13	—	—	—	—	—	—	—	—	—	—	—	—	2	2	11	37	164	201
July ...	1	28	29	—	1	1	—	—	—	—	—	—	—	—	—	9	4	5	32	177	209
August ...	1	40	41	1	1	2	—	—	—	—	—	—	—	—	—	1	2	5	29	245	274
September ...	—	30	30	—	2	2	—	—	—	—	—	—	—	—	—	3	2	5	31	224	255
October ...	2	35	37	—	1	1	—	—	—	—	—	—	—	—	—	—	1	23	60	226	286
November ...	1	33	34	—	2	2	—	—	—	—	—	—	—	—	—	27	6	33	69	258	327
December ...	1	20	21	—	3	3	—	—	—	—	—	—	—	—	—	13	8	21	46	171	217
Year ...	11	318	329	1	15	16	—	2	2	—	—	—	—	—	—	96	77	173	461	2,492	2,953

TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1956.

E.—European.

O.—Non-European.

[illegible]

Age-groups	Acute poliomyelitis				Ophthalmia				Puerperal fever				Leprosy				Typhus				Malta fever				Whooping cough				Total.			
	E.		O.		To- tal.	E.		O.		To- tal.	E.		O.		To- tal.	E.		O.		To- tal.	E.		O.		To- tal.	E.		O.		To- tal.		
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.
0-1 year	3	1	10	8	22	7	4	171	146	328	-	-	-	-	-	-	-	-	-	-	4	4	11	16	35	17	12	256	224	509		
1-2 years	1	1	27	15	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	4	6	14	15	11	8	98	98	215		
2-5 "	9	4	10	11	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	10	14	13	52	39	41	174	165	419		
5-10 "	1	7	2	1	11	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	24	23	4	5	56	52	61	96	114	323		
10-15 "	1	2	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	1	7	14	17	15	29	43	104		
15-25 "	3	2	1	-	5	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	3	1	-	-	1	23	17	143	201	384		
25-35 "	-	3	-	-	3	-	-	-	-	6	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	15	23	15	203	379	538	
35-45 "	1	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18	17	17	160	63	258	
45-55 "	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	9	23	98	44	174	
55-65 "	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	4	72	121	28	47	
65-75 "	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	3	21	13	4	14	
75-85 "	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	3	2	4	1	2	
85 and over	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	2	2	
Unknown ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Totals	19	20	50	35	124	7	4	171	147	329	-	-	2	-	1	-	-	-	-	-	51	45	36	41	173	255	206	1,355	1,137	2,953		

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1956.

E.—European. O.—Non-European.

Wards of the City, etc.	Tuberculosis respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
1	14	13	27	1	2	3	1	—	1	—	1	6	6	—	2	—	2	—	—	—	—	3	—	3			
2	7	57	64	—	3	3	1	1	5	2	1	10	9	4	10	—	—	—	—	—	—	1	—	1			
3	5	70	75	—	4	4	—	2	2	2	5	8	4	4	8	—	—	—	—	—	5	—	5				
4	17	22	39	2	2	4	—	—	—	—	6	6	—	—	1	—	—	—	—	—	1	—	1				
5	6	154	160	—	16	16	1	5	6	7	2	5	3	2	5	2	—	—	—	—	—	—	—				
6	8	118	126	—	16	16	—	7	2	—	2	2	—	—	2	—	—	—	—	—	—	—	—				
7	17	74	91	—	6	6	—	—	1	—	1	7	—	—	—	—	—	—	—	—	—	—	—				
8	21	361	382	1	50	51	1	18	19	—	6	20	19	1	20	—	—	—	—	—	1	—	1				
9	16	19	35	2	4	6	—	1	1	—	4	4	4	1	4	2	—	—	—	—	5	—	5				
10	14	381	395	—	45	45	—	18	18	—	10	10	1	2	3	1	—	—	—	10	12	1	1				
11	7	22	29	—	2	2	1	3	4	1	—	1	6	—	6	—	—	—	1	11	12	—	9				
12	8	33	41	1	12	13	1	1	2	1	—	1	7	—	7	—	—	—	2	1	9	1	1				
13	7	40	47	2	4	6	—	1	1	—	—	7	7	—	7	1	—	—	—	2	2	—	4				
14	7	69	86	2	6	8	1	1	2	1	—	1	8	2	10	2	—	—	1	—	6	—	1				
15	7	176	183	1	22	23	2	7	9	—	7	7	6	3	9	3	—	—	—	8	1	—	7				
Not allocated ...	1	6	7	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Total, local cases ...	172	1,615	1,787	12	194	206	9	68	77	11	38	49	93	17	110	4	9	13	12	36	48	1	17	39	85	124	
Imported cases: From outside municipality	29	131	160	2	11	13	4	1	5	—	—	—	2	—	2	—	—	—	—	—	—	2	—	—	—	2	
From overseas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Direct removals: To hospitals in municipality	21	111	132	1	8	9	11	100	111	29	78	107	33	—	33	—	—	—	9	56	65	2	5	52	83	135	
From ships in harbour ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, imported cases ...	50	242	292	3	19	22	15	101	116	29	78	107	35	—	35	—	—	—	9	56	65	2	5	54	83	137	

Wards of the City, etc.	Ophthalmia			Puerperal fever.			Leprosy.			Typhus.			Malta fever.			Whooping cough.			Total.		
1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	30	18	48
2	—	10	10	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8	23	83	106
3	1	39	40	—	—	—	—	—	—	—	—	—	—	—	—	7	9	16	24	128	152
4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	10	11	21	40	25	65
5	—	27	27	—	2	2	—	—	—	—	—	—	—	—	—	16	7	23	27	229	256
6	—	28	28	—	2	2	—	—	—	—	—	—	—	—	—	1	8	9	11	189	200
7	—	16	17	—	—	—	—	—	—	—	—	—	—	—	—	5	10	15	32	113	145
8	2	83	85	—	3	3	—	—	—	—	—	—	—	—	—	6	4	10	61	582	643
9	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	8	2	10	39	30	69
10	—	29	29	—	7	7	—	—	—	—	—	—	—	—	—	5	16	21	23	548	571
11	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	6	6	12	30	23	53
12	—	4	4	—	1	1	—	—	—	—	—	—	—	—	—	8	8	16	31	53	84
13	1	16	17	—	—	—	—	—	—	—	—	—	—	—	—	13	4	17	32	64	96
14	1	15	16	—	—	—	—	—	—	—	—	—	—	—	—	1	7	8	40	103	143
15	1	47	48	—	—	—	—	—	—	—	—	—	—	—	—	.1	15	16	24	289	313
Not allocated	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8	9	18
Total, local cases	11	318	329	1	15	16	2	2	—	—	—	—	—	—	—	96	77	173	461	2,492	2,953
Imported cases: From outside municipality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40	143	183
From overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals: To hospitals in municipality	—	—	—	2	—	2	—	—	—	2	—	—	—	—	—	5	29	34	167	471	638
From ships in harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Total, imported cases	—	—	—	2	—	2	1	—	—	2	—	—	—	—	—	6	29	35	208	614	822

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[illegible]

